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THE COMMONWEALTH OF MASSACHUSETTS

ANNUAL REPORT

Of the

TRUSTEES

Of the

Mass. B O S T O N S T A T E H O S P I T A L (Insane)

for the

YEAR ENDING JUNE 30, 1958

The Hundredth and Eighteenth Annual Report

of the

Hospital

Founded in 1839 by the City of  
Boston

1958  
(Imprint)

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### HOSPITAL POLICY

The Boston State Hospital has as its objectives:

1. The increase in the number of patients discharged to the community, as recovered from mental illness.
2. The reduction of the time spent by each patient in the hospital.
3. The reduction of the incidence of relapse and consequent readmissions.
4. The improvement in comfort and sense of well being of those who must remain in the hospital.
5. The more complete rehabilitation of patients who have had a mental illness so that they may find a secure place in the community.
6. The decrease in the incidence of mental illness in the community, if possible.
7. The creation of a place where all professions interested in mental and emotional problems of people may study human behavior and contribute to the alleviation of human suffering.
8. The discharge of its mission in the most efficient and economical way with an ever present awareness of obligation and service to the people of this Commonwealth.



BOSTON STATE HOSPITAL

(Post Office Address, Boston 24, Mass.)

BOARD OF TRUSTEES

Mr. Myer Israel	Chairman
Mrs. Bessie D. Kaufman	Secretary
Peter DiNatale, M. D.	
Mrs. Elaine Dobrowski	
Mr. Wilfred Scott	
Mr. Harry Schlesinger	
Martin H. Spellman, M. D.	

OFFICERS OF THE HOSPITAL

Walter E. Barton, M. D.	Superintendent and Medical Director
Donald T. Devine, M. D. (L.O.A. John M. Mackenzie, M. D.)	Assistant Superintendent and Assistant Medical Director
Ruth Ehrenberg, M. D. (L.O.A. John M. Mackenzie, M. D.)	Assistant Superintendent and Assistant Medical Director
James Mann, M. D.	Director of Psychiatry
Miss Lillian R. Goodman, R.N., B.S., M.S.	Director of Nurses
Mr. Avery W. Cook	Steward and Director of Business Administration

MEDICAL EXECUTIVE COMMITTEE

A.J.A. Campbell, M. D.	Chairman
Samuel Stearns, M. D.	Vice Chairman
James Mann, M. D.	Secretary
Richard Bragdon, M. D.	
Max Brodny, M. D.	
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Hyman Morrison, M. D.	
Walter E. Barton, M. D., Ex-officio	
Donald T. Devine, M. D., Ex-officio	
Ruth Ehrenberg, M. D., Ex-officio	
Douglas Stratton, M. D., Non-rotating	



## HEADS OF HOSPITAL DEPARTMENTS

Mr. Francis Ryan  
Mrs. Mabel F. McKenzie, R. N.  
Miss Mary A. Dunleavy, B.S., R.N.  
Mrs. June Johnson, M. S., R. N.  
Mr. Samuel J. Carchidi  
Miss Dorothea Preston  
Miss Elizabeth Eckhoff  
Miss Marjorie Canada, O.T.R.  
Mrs. Viola M. Union

Mr. Michael J. Waldron

Mr. David W. Barrett

Mr. Bernard Leonard  
Mr. John Moylen  
Mr. Joseph N. Contaldo  
Mrs. Helen Logue  
Mr. Eric McNab  
Mrs. Genevieve Stella  
Miss Mary E. Forbes  
Mrs. Elizabeth Williams  
Mrs. Irene Shiver

Assistant State Hospital Steward  
Assistant Director of Nurses  
Assistant Director of Nurses  
Assistant Director of Nurses  
Institution Treasurer  
Assistant Institution Treasurer  
Head Psychiatric Social Worker  
Head Occupational Therapist  
Principal Clerk and Secretary  
to Department Head  
Institution Chief Power Plant  
Engineer  
Institution Maintenance Fore-  
man  
Storekeeper  
Head Industrial Therapist  
Head Laundryman  
Head Housekeeper  
Garage Foreman, Working  
Charge of Sewing Room  
Dietitian  
Assistant Dietitian  
Assistant Dietitian

## NURSING ADVISORY COMMITTEE

Miss Lillian R. Goodman, R.N., B.S.,  
M.S.

Ex-officio

Miss Anna Morang, R. N.  
Mrs. June Johnson, R. N., M.S.  
Rev. John F. Lawler  
Miss Rita Kelleher, R. N.  
Mr. Avery W. Cook  
Francis M. Rackemann, M. D., Ex-officio  
James Mann, M. D.  
Mrs. Walter E. Barton, R. N.  
Walter E. Barton, M. D., Ex-officio  
Miss Margaret Welch  
Miss Margaret Ribbetts, R. N.

## HOSPITAL CHAPLAINS

Rev. John F. Lawler  
Rev. Thomas J. McCabe  
Rev. Judson D. Howard  
Rabbi Abraham Koolyk



## RESIDENT STAFF

### Reception Service

John H. Porter, III, M. D.

Senior Psychiatrist in  
charge - Female Wards

David Blau, M. D.

Senior Psychiatrist in  
charge - Male Wards

### West Men's Service

Melvin Kayce, M. D.

Senior Psychiatrist

### West Women's Service

Louis V. Sorrentino, M. D.

Senior Physician

### East Women's Service

William L. McCarthy, M. D.

Senior Psychiatrist

### Medical Service

Douglas Stratton, M. D.

Senior Physician and  
Chief of Service

### Hospital Pathologist

Naomi Raskin, M. D.

Principal Physician

### After Care Program

Davide Limentani, M. D.

Senior Psychiatrist

### Assistant Physicians

Roger J. M. Boutin, M. D.

Guy daSilva, M. D.

Max Geller, M. D.

Harold Greenberg, M. D.

Richard J. Kahn, M. D.

Jonas K. Kolker, M. D.

Morton B. Newman, M. D.

William P. Parker, M.D.

Nezih H. Sevunduk, M. D.

Sing Tsong Yuen, M. D.

### Staff Psychiatrists

William T. St. John, M. D.

James B. Kludt, M. D.

Fortunato Castillo, M. D.



### Psychiatric Residents

Alvin Becker, M. D.  
Leo G. Belisle, M. D.  
James A. Johnson, Jr., M. D.  
Henry L. Pelkus, M. D.  
Alan D. Rothstein, M. D.  
Jean Andre St. Jean, M. D.  
Robert Spitzer, M. D.  
R. Frederick Shepard, M. D.

### Briggs Clinic

Max Day, M. D.  
Edwin Davidson, M. D.  
Mr. Olof Johnson  
Mr. Richard Lentschner

Director  
Assistant Physician  
Principal Psychologist  
Social Worker

### Dental Department

Joseph P. Fleming, D.M.D.  
James J. Burns, D.M.D.  
Mrs. Laura Weinrebe

Dentist  
Dentist  
Dental Hygienist



## VISITING STAFF

### Surgical Division

Chief Surgeon  
Visiting Surgeon, Senior  
Visiting Surgeons

Alexander J.A. Campbell, M. D.  
Charles G. Shedd, M. D.  
J. Edward Flynn, M. D.  
Albert S. Murphy, M. D.  
Karl D. Kasparian, M. D.  
Eugene Guralnick, M. D.

### Assistants to the Visiting Surgeon

Harold I. Miller, M. D.  
Stanley Mikal, M. D.

Visiting Surgeon, Senior, Bone and  
Joint Diseases and Orthopedic  
Disorders

Charles Bradford, M. D.  
Richard A. Bragdon, M. D.  
John T. Grady, M. D.  
Robert J. Dignam, M. D.  
Joseph P. Lynch, M. D.  
John W. Strieder, M. D.  
Irving M. Madoff, M. D.

Visiting Surgeon, Orthopedic  
Assistant in Orthopedic Surgery  
Assistant in Orthopedic Surgery  
Visiting Surgeon, Senior, Thoracic  
Visiting Surgeon, Thoracic  
Visiting Surgeon, Thoracic  
Visiting Surgeon, Senior, Neuro-  
surgery

Milton F. Brougham, M. D.  
Albert M. Starr, M. D.  
Malvin F. White, M. D.  
Max L. Brodny, M. D.  
Joseph Fischmann, M. D.  
Hyman Hershman, M. D.

Visiting Surgeon, Neurosurgery  
Visiting Surgeon, Plastic Surgery  
Visiting Surgeon, Senior, G. U.  
Visiting Surgeon, G. U.  
Assistant Urologist  
Visiting Surgeon, Senior, Ophthal-  
mology  
Visiting Surgeon, Ophthalmology  
Visiting Surgeon, Ophthalmology  
Visiting Surgeon, Otolaryngology  
Visiting Surgeon, Otolaryngology

Garrett Sullivan, M. D.  
Francis J. West, M. D.  
D. Robert Alpert, M. D.  
Sidney Wilker, M. D.  
Charles Kent, M. D.

### Medical Division

Chief of Medicine  
Visiting Physician, Senior,  
Dermatology  
Visiting Physician, Dermatology  
Visiting Physician, Senior,  
Medicine and Allergy  
Visiting Physician, Senior  
Endocrinology  
Visiting Physician,  
Medicine and Hematology  
Visiting Physician, Hematology  
Visiting Physician, Medicine  
Visiting Physician, Radiology  
Visiting Physician, Tuberculosis

Hyman Morrison, M. D.  
Francis P. McCarthy, M. D.  
Philip McCarthy, M. D.  
Francis M. Rackemann, M. D.  
Samuel L. Gargill, M. D.  
William Dameshek, M. D.  
William C. Moloney, M. D.  
Samuel Stearns, M. D.  
Robert H. Hermanson, M. D.  
Joseph D. Wassersug, M. D.



Visiting Physician, Physical Medicine  
Visiting Physician  
Visiting Physician, Psychosomatic  
Medicine

Louis Feldman, M. D.  
David J. Oppenheim, M. D.  
Thomas A. Morris, Jr. M.D.

### Psychiatric Division

Chief Psychiatrist and Chief of  
Professional Services  
Visiting Psychiatrist, Senior

James Mann, M. D.  
A. Warren Stearns, M. D.

Visiting Psychiatrists

Veronica Tisza, M. D.  
Robert T. Long, M. D.  
Jacob Swartz, M. D.  
Stewart Smith, M. D.  
Erwin H. Schell, M. D.  
Joan J. Zilbach, M. D.  
Malkah Tolpin, M. D.  
Newman Cohen, M. D.

Consultant in Clinical Research  
Consultant in Research  
Consultant in Research  
Consultant in Research

Elvin V. Semrad, M. D.  
Roy G. Hoskins, M. D.  
William B. Castle, M. D.  
Ralph R. Notman, M. D.

Research Associate and Director,  
Home Care Project

Tobias Friedman, M. D.

### Dental

Visiting Oral Surgeon, Senior  
Visiting Oral Surgeon  
Visiting Oral Surgeon

Richard Norton, D.M.D.  
Daniel J. Holland, D.M.D.  
Edward L. Sleeper, D.M.D.

Visiting Anesthetists

Murray Winston, M. D.  
Frances E. Evans, M. D.  
Irving E. Gilbert, M. D.

Assistants in Anesthesia

Samuel White, M. D.  
Joseph Goldman, M. D.  
Harvey C. Leckhart, M. D.

Visiting Podiatrist

Charles E. Thorner

Assistants in Medicine

Elsie W. Brown, M. D.  
Leo Hess, M. D.  
Edward H. Hommel, M. D.  
Harold Wolman, M. D.  
Luigi C. Morelli, M. D.



### Research Staff

James Mann, M. D.  
Leo Alexander, M. D.

Floyd S. Cornelison, M. D.  
Alice Fleming, M. D.

John Arsenian, Ph.D.

Miss Madeline Smith

Director  
Director, Neurobiological  
Unit

Research Associate  
Research Associate

Chief Clinical  
Psychologist  
Electroencephalographic  
Technician

### Research in Rehabilitation

Ralph R. Notman, M. D.

Director

#### Rehabilitation Advisory Committee

Richard H. Williams, Ph.D.

William Caudill, Ph.D.

Frederick Mosteller, Ph.D.

Ronald Lippitt, Ph.D.

Alfred Stanton, M. D.

Joseph Zubin, Ph.D.

Prof. Talcott Parsons

Austin Berkeley, Ph.D.

National Institute of  
Mental Health  
Harvard University School  
of Social Relations  
Harvard University School  
of Social Relations  
University of Michigan,  
Ann Arbor, Michigan  
McLean Hospital  
New York State Psychi-  
atric Institute  
Harvard University School  
of Social Relations  
Boston University School  
of Psychology



TO HIS EXCELLENCY THE GOVERNOR AND THE HONORABLE MEMBERS OF THE COUNCIL:

The Board of Trustees is pleased to present herewith the 118th Annual Report of the Boston State Hospital.

Dr. Francis Rackemann, a member of the Board for 18 years, completed his term of office on February 19, 1958. The Board wishes to acknowledge, with tribute, the service of Dr. Rackemann to the Boston State Hospital. He was active as a member of the visiting staff, of the Medical Executive Committee, and of the Faculty Advisory Committee, and participated in the activities of the institution far beyond the customary trustee participation. Employees, patients and staff looked to Dr. Rackemann for wise counsel and guidance. His devotion to his assigned duty was an inspiration to all trustees. Dr. Martin Spellman was appointed in February to take Dr. Rackemann's place.

#### Employees

The efficiency of hospital operation is in large measure due to the cooperative action of employees on the Nursing Service and of those in the services and utilities. While their contribution is evident in the day-to-day work of the hospital, it becomes obvious during a severe blizzard when the loyalty of employees is demonstrated by the genuine effort made to keep the hospital operating smoothly. The health of employees was maintained in better fashion during the year through the full operation of the medical clinic under the direction of one of the hospital staff. Employees were kept on duty when suffering from minor illnesses through emergency treatment given here. All employees who wished it, received vaccine for influenza during the past year, and polio "shots" were available for those



under the age of 40.

In November, absenteeism was two to three times as high, from respiratory infections, as in a normal year. There is need for an improved employees' health service with a full time nurse on duty and a part time physician's care each day. Only in this way can absenteeism be reduced and a first class health service be available to our over 1,000 employees.

During the year the employees' Promotions Committee and the Advisory Committee demonstrated their utility. The Promotions Committee selected, from applicants working in the hospital, the most qualified candidate, who was then appointed. The Advisory Committee handled grievances and made suggestions as to changes in hospital policy. Both committees met regularly during the year. The Safety Committee reviewed accidents and made suggestions leading to action to prevent recurrences.

The shortage of nurses was distressing. It was most evident in the D Building - the Medical and Surgical Service - the tuberculosis service - and in ward treatment rooms. The increased medical service and drug treatment demands the presence of trained personnel. The Operating Room also had a busier than usual year. Because the hospital is not paying a salary competitive with other general hospitals in the area, we are losing nurses we already have, and are not able to recruit replacements. The vacancies for registered nurses that appear in our statistics for the end of the year do not reflect the true lack of trained personnel. Many nursing positions are filled with individuals at a lower classification, principally attendant nurses. There is urgent need to bring our nursing salaries into line with the salaries paid elsewhere in this area.



There were several important staff changes. Mrs. Ellen B. Houde, who had served the hospital for many years as a Treasurer, left to accept a similar position at the Lemuel Shattuck Hospital, and was replaced in September by Samuel J. Carchidi. Five Senior Psychiatrists left during the year; one through retirement, Dr. Anthony Bicchieri, after 20 years of service; Drs. Hyde, Wilson, White and Blau, all directing ward services, left for other assignments, one to the Department of Mental Health's Legal Division. Six Staff Psychiatrists resigned; one to go to the Department of Mental Health Legal Division; one to become a Senior at Worcester State Hospital; one a Senior at the Taunton State Hospital; and 3 rotated for training in other centers of the Psychiatric Training Faculty. Seven Residents completed their service here; three to go into the Army on leave status; and four rotated to other training centers of the Faculty.

New additions to the Visiting Staff included Dr. Thomas Morris in psychosomatic diseases, Dr. Robert Alpert in ophthalmology, Dr. Malkah Tolpin in psychiatry, Dr. Newman Cohen in psychiatry, Dr. Tobias Friedman as Research Associate and Director of the Home Care Project. Dr. Wilfred Bloomberg was dropped as Senior Neurologist from the staff, as he became Commissioner in the state of Connecticut. Dr. Henry Altman was dropped as an Asst. in Psychiatry when he entered private practice.

On August 24th the murder of an attendant nurse, Lillian Scully, by two patients, James DeCoste and Cornelius McLean, on the grounds shocked all staff and served as a factor to upset morale. Grounds of the hospital are quite dark and employees must leave



their posts of duty at the change of shift time during the night. To help protect our employees, a watchman was stationed in the darkest area of the grounds, and the patrol car circulated regularly through the grounds. Street lights have been requested as an urgent improvement, to help protect our employees and improve their morale. DeCoste and McLean were given life sentences, as they both were responsible voluntary individuals on the "night hospital" plan. An assistant cook, George Tamulaitis, was convicted and sentenced to Deer Island for giving liquor in his room to McLean prior to the incident.

On September 4th, 400 employees participated in the Trustee-sponsored Honor Day ceremony out of doors. A feature of this occasion was the recognition of outstanding psychiatric aides who were early presented a certificate and a check by the Women's Auxiliary. The attendants selected as outstanding were chosen by their co-workers.

The efforts of Dr. Rackemann toward the improvement of clinical case records, led to the relocation in the Reception Building of the Record Room on the first floor, close to the doctors who most use the patient case records.

Another change was the remodeling of the Administration Building, to provide additional space for the combined offices of the Treasurer and the Steward. The Personnel Office was moved into the basement, the end of the first floor corridor was used for a joint filing office of the two sections, and the Treasurer's Office was expanded into an adjacent room. All of this highlights the need for remodeling and extension of the administrative space of the hospital as it grows in service and function.



At the request of employees and relatives, a conference was held with the head of the Metropolitan Transit Authority in order to secure full time bus service for the hospital. Many of our employees take taxis to work, and so do relatives. Other State hospitals are fortunate in having bus service to the door. The largest hospital in the State, with the most visitors, does not have this resource. The M.T.A. was not able to supply the service, stating that it would not be profitable for them as it would add no revenue to a deficit operation. This service is sorely needed.

The hospital revised its civil defense plan during the year, and on May 2nd held a general drill, testing its operation; it worked smoothly. Nurses attended a course in disaster nursing to help prepare them for greater service in time of emergency.

One of the highlights of the hospital is its extensive educational program. Elsewhere in the report are filed names of those who hold teaching appointments in neighboring universities and colleges. This adds greatly to the hospital prestige. Dr. Mann is an Assistant Professor of Psychiatry at Boston University Medical School, and Dr. Barton an Associate Professor. Dr. Mackenzie left the hospital on August 31st of 1957 on leave of absence to serve as the Visiting Professor of Psychiatry at Aberdeen, Scotland.

During the year there were courses, sponsored by the Department of Mental Health, to further develop Occupational Therapy assistants. The hospital added to its teaching program twelve Boston University nurses in the B.S. program and nine in the post-graduate Master's Degree program for Field work training.



This was in addition to the 50 affiliate nurses who continue to come for basic training of twelve weeks.

There were more Residents this year, and a special feature was the full time service of a fourth year Surgical Resident from the Beth Israel Hospital. A Medical Resident was sent from the Harvard service in the month of September, but was not continued due to the lack of variation in experience. It is hoped that this can be developed to demonstrate predominantly the psychiatric and psychosomatic aspects of medicine. Psychologists and social workers also were trained during the year. There were more theological students in training; 14 counseled patients throughout the year and 31, the largest number we have had to date, enrolled in the 12-weeks summer course sponsored by the Institute of Pastoral Care.

There were also two dental internes during the summertime.

An unusual feature of this year was the extensive training and review course for Licensed Practical Nurses held under a new law that would permit experienced hospital attendant nurses to qualify for examination. One hundred and sixty individuals completed the course held on their day off duty, under the direction of the Superintendent of Nurses and Miss Katherine LeVan R.N. (Asst. Principal). There is urgent need to recognize, with a proper salary, all Licensed Practical Nurses who qualify by examination.

#### Research

Elsewhere in the report are detailed some of the research investigations now under way at the Boston State Hospital. We



are pleased, indeed, to see the number of research projects grow each year. New projects included the Home Care Service and a Survey of Community Resources for the Care of the Aged, financed by the National Institute of Mental Health in cooperation with Boston University. Boston University also sponsored a motion picture research study. The Neurobiological Unit produced an outstanding article covering its five years of work in the Multiple Sclerosis Clinic. It also published a book on drug treatment. It is now employing conditioned reflexes as an approach to understanding mental illness. Research in group therapy continued during the year. The hospital's interest in research in rehabilitation was extensive, with five publications in press and a book describing the total experiment under way. Cooperative research was carried out with many agencies, particularly the Mass. Mental Health Center and the Mass. Association for Mental Health and Boston University.

#### Volunteer

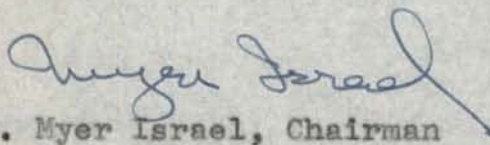
The number of volunteer organizations participating in the hospital's program increased during the year. Outstanding were the contributions of the Boston State Hospital League that constructed the new outdoor playground. This came into full use during the year. The League raised additional money for other new projects from the Festival of Fun held in May. The Community Friends, the Women's Auxiliary, and the American Red Cross were among many other organizations that helped our patients. We are grateful indeed to the citizens of the community who give so selflessly of their time and their money in behalf of our patients. The needs of the hospital have been outlined under



the Superintendent's Report. Particular attention is invited to the hospital's need for additional personnel and for major repair projects.

The trustees of the Boston State Hospital wish to thank the Department of Mental Health particularly for its cooperation in program development during the year.

Respectfully submitted,

  
Mr. Myer Israel, Chairman

Mrs. Bessie D. Kaufman, Secretary

Martin H. Spellman, M.D.

Mrs. Elaine Dobrowski

Mr. Harry Schlesinger

Peter DiNatale, M.D.

Mr. Wilfred Scott



## SUPERINTENDENT'S REPORT

To the Board of Trustees of the Boston State Hospital:

The following 118th Annual Report of the Boston State Hospital is respectfully submitted.

### Administrative Changes

The Steward's division and the Treasurer's division were combined for coordinated operation. This required some moving about of personnel and construction of a new joint office for filing and correspondence. Employees were grouped according to functions performed and tasks re-distributed in terms of the work load for greater efficiency. While facilities are inadequate to ideally plan work flow, the resulting changes have improved efficiency. This year payroll machines were added that were long sought as necessary to the efficient handling of so large a payroll operation. In the few short months that they have been available to us, improvements have been noted. Employees are particularly gratified to receive each week a check that lists the breakdown of the many deductions that are a part of payroll procedure today.

The records system was improved greatly. Outstanding was the adoption of a pioneering effort of the senior staff and the Director of Psychiatry leading to a new psychological examination. This will be evaluated during the coming year. If it turns out as well as we think, it may well be widely adopted in hospitals throughout the country as a means of securing more precise information about the mental status of patients more simply and efficiently.



Photocopy machines saved clerical time by reproducing typing faster. The Bostho News, the hospital newspaper, served outstandingly as a means of communicating ideas about treatment and about hospital organization to both employees and citizens of the community. The demand outside of the hospital for copies of the paper far exceeded the printed number. A simplified repair system eliminated duplicated records and increased the efficiency of reporting needed work. A Color Committee was appointed and systematized painting, upholstering, flooring, draperies and furnishings for greater harmony and improved ward appearance. The effects of this planning will become apparent as the years go by.

The hospital was fully approved by the Joint Commission on Accreditation of Hospitals. There are only about a dozen public mental hospitals that enjoy this distinction throughout the country. The hospital also was inspected during the year by Dr. Walter Seelye of the Council on Medical Education of the American Medical Association, and fully approved for three years of training in Psychiatry. The hospital also was enabled to join the American Hospital Association and the Mass. Hospital Association. Already the training aids, institutes, and other services of the hospital association are helping to improve the organization.

#### The Quality of Patient Care Improved

Medical - The full operation of the D and the patient care in the G Building, throughout the year, greatly improved medical services to patients. The medical clinics also were outstanding. Surgical residents contributed greatly to the operation of the service, as did the resident staff. The number of surgical



procedures increased, the quality of care was greatly improved, and there were many ways in which patients benefitted directly. Special diets are now being served to 100 of the 300 patients in residence in the Medical Building. X-ray surveys throughout the institution were made with the cooperation of the City of Boston Health Department. Type A influenza vaccine was given to all patients in residence.

Psychiatric - Outstanding among the new developments for the year, was the creation of admission wards for patients over the age of 60 on B7 and B8 in charge of a resident ward physician. The services to new patients was greatly improved as a result. New small wards on H7 and H8 and A1 and I1 added greatly to the ability to give individualized care to those ill with mental disease. Most noticeable was the change in the I Building, the male security ward, where the census was dropped from over 212 to about 160 patients with consequent improvement in the care of every patient.

New programs included the organization of an After Care service with better supervision of patients leaving the hospital. The number of patients who have relapses leading to re-admission is high. Concentrated effort is required to develop ways of maintaining improvement once it occurs when the patient has left the hospital. Under consideration are the development of a half-way facility and an ex-patient's social club to give group support to patients who are not able to live alone in the community after long residence in a mental hospital. A thrilling development was achieved with the cooperation of the Vocational Rehabilitation Commission that established a pilot demonstration of "job readiness training" in a typing unit.



Eight patients from the unit were able to leave the hospital and secure jobs in the community. Other typists are working throughout the institution in various offices. The success of this program demonstrates the need for the development of additional rehabilitation units that have been requested in our personnel budget. The effect on patients is so salutary that we hope that additional personnel will be granted us to undertake this very valuable treatment adjunct for chronic mental patients. A pilot demonstration of a patient-employee rehabilitation service started late in the year and handled only five patients, three of whom secured jobs in the community and left the hospital after long confinement. A further trial of the program will be carried out during the coming year. There was extension in the use of drugs in the treatment of mental disorders to such an extent that transfer of funds was necessary. Psychotherapy continues to be widely used, both on an individual and group basis.

Nursing - A concentrated effort was made during the year to improve the appearance of patients. There are still far too many "odd balls, whirling dervishes and bewhiskered men" in the hospital and women with "freakish looking" clothing that is not in the current fashion mode. It is not possible to develop much self-esteem in a patient while a woman is wearing an ill-fitting dress with the hem on the ground and her hair looking "a fright". The limited staff available to us on chronic wards is inadequate to do this task correctly, but some improvement has resulted. Further efforts will be made during the coming year to help dress patients better. It is hoped that some of



the budgetary provisions for additional personnel will be granted so that this aspect of patient care can be accelerated.

Occupational Therapy - The number of ward O.T. programs was increased. The Reception Building also benefited through cooperation with the Social Service Department with a group work project. Other events were added including many more picnics and outings, parties and dances, and the nurses gave the patients spaghetti suppers and bacon and egg breakfasts. One of the outstanding features of the O.T. Program was the contribution made by summer students who used the outdoor recreation yard provided by the League. It was stimulating to see the effect of this program throughout the summer. Occupational therapists did a marvelous job during the Christmas season presenting a pageant and distributing wrapped gifts and holding Christmas parties for patients on each ward of the hospital with the help of volunteer groups.

#### Grounds Development

Hospitals that do not have farms have great difficulty in reaching the standards of grounds care that is reached by those who do. Progress in improved grounds appearance, however, was significant during the year. The greenhouse furnished flowers and plants for flower beds and cut flowers for wards. Base planting were done to several buildings.

#### Plant Improvement

During the year, a Catholic chapel was under construction from funds collected by the Archbishop. Ground was broken also for a new garage in the East Group. Renovation of the first floor of the East Cafeteria was begun to increase feeding space and to relieve congestion. About one-half of the badly needed plumbing renovation was started in the B Building. The outdoor



playground was completed. Power plant and steam distribution renovations were started during the year. Buildings A and I were rewired and new sash was installed. A new elevator was installed in the Storehouse. Hot and cold water pipes, that had been bursting, were replaced in the Administration Building. The prison assisted in furniture reupholstery, making it possible for us to put back into use many badly needed items. Clothing rooms were furnished with racks and bins. A steam table was installed in the I Building. The H barber shop and patients' toilet in the basement of the H Building were renovated during the year. A parking lot was completed in the West Group. Plans were drawn for an Out-Patient Building, which we hope will be constructed in the capital program in the very near future.

#### Looking Ahead

The day of the custodial treatment of mental patients is passing rapidly. The untrained attendant is the greatest deterrent in the change to active treatment in the hospital. Large wards into which masses of patients are crowded and regimented perpetuate regression, deterioration and chronicity. Small wards, adequately staffed, with good interaction between patients and employees, promotes improvement. Once motivation towards improvement is supplied, patients can be caught up in intensive individualized treatment programs. Symptoms of distress and disturbance are alleviated by the use of new drug treatment. Psychotherapy and group activities and rehabilitation services move patients along the road towards improvement. Rehabilitation and after-care services supply the support needed to break dependency on hospital routine in patients who have shown improvement. Those who have been ill for long



periods of time need much help and support to cover the period of transition from hospital residency to self-sustaining independence in the community. To carry out such programs of drug administration and intensive inter-action with patients, trained personnel is needed. The hospital will experiment with different types of training and different types of personnel to see which best accomplishes the desired patient improvement. In the future it seems likely that only trained personnel will be suited to the requirements of such an intensive treatment program. This will require a new look at job classifications and the probable replacement of the attendant group by a new category of personnel.

The second trend is toward extensions of the hospital into the community in many different ways. We are already cognizant of the contribution that an out-patient service can make in treating major mental illnesses and thus preventing the need for hospitalization. About 20% of the out patient case load carried is in this category. We presently have a research study which indicates the valuable contribution that a home-care service can make in seeking out those who cannot get to clinics for one reason or another. Either their conception of a psychiatrist, mental hospital, or a psychiatric clinic keeps them away or long waiting lists accomplish the same purpose. Some patients lack the motivation to make the initial effort to get psychiatric help. The home-care Service tries to overcome these obstacles by bringing treatment to the home. Should our preliminary results stand up in extended trial, it seems likely that this community service will extend. We have already alluded to the effect of after-care and the importance of prevention of re-admission and the need for transitional



6  
programs to support chronic patients who are now able to leave the hospital in the community. There is under way also a geriatric survey to determine the kinds of services most needed by the older citizens. It is to be hoped that similar kinds of supportive treatment in the home or in the community will prevent the need for mental hospital care for many aged persons. Urgently needed in the community the hospital serves is a Child Guidance consultation clinic that can utilize existing resources once evaluation is made by experts.

Lastly, if the trend toward a lower hospital census can be continued in the face of a continuing increases in admission rate, there is some hope that the hospital can achieve a partial step toward smaller wards, so essential to motivation of chronic patients toward recovery. It will be necessary to renovate some buildings and to add staff to achieve these objectives in most areas. We are certain the community applauds the transition of the mental hospital from the "snake pit" to an active treatment center. More than applause is needed, however, for such transition requires increased expenditures, principally to provide the personnel and major repairs needed to existing buildings.

#### Needs

1. More personnel. The most urgent need of the hospital is for additional personnel. We have requested 194 positions in our budget. The additional personnel required will make it possible to introduce new programs of after-care, of day hospital treatment, of rehabilitation "job readiness training", of opening more wards, and more intensive small group activities on chronic wards of the hospital where the care of patients still is marginal.



2. More money for equipment. Each year hospital departments submit their needs for new equipment. These total approximately \$300,000. Out of this amount, are selected \$50,000 of the most urgently needed equipment. This is not an excessive amount in an institution as large as this one with over 1,000 employees and 2800 patients. It is distressing when only a fraction of the urgently needed equipment is provided each year. The 1959 budget supplied no money for new equipment. Regular replacement of equipment that is worn out is an essential.

3. More Money for Repairs. Contractual repairs and capital improvement projects are essential to the operation of so extensive a plant as this one. We are permitted to ask for \$40,000 of our most urgently needed "contractual" repairs each year. Only about 25% of these are allowed in the average year. Last year no money was provided. There are also major repairs needed in plumbing and in building renovation. The condition of plumbing in some areas has become deplorable and uneconomic to maintain; it should be replaced.

4. Adherence to a Capital Program. Most urgently needed capital improvements at Boston State Hospital are an Out-Patient Department building in order that housing may be provided for the clinic activities that extend our hospital services into the community.

A new service building is needed for two reasons: The hospital has outgrown its limited kitchen space provided many years ago when the hospital was much smaller than it presently is.

Secondly, the present building can be remodeled for utilization as an Occupational Therapy and Industrial building. These facilities, formerly housed in the old D Building that was demolished to make way for the new Medical Building, are without



proper housing at the present time. Occupational therapy facilities also were displaced in the East Group by the renovation of the East Cafeteria. Presently the O.T. program has no suitable base of operation. This important treatment service requires a solution to its problem in order to serve our patients. A new Laundry building has been suggested in order that the present facility might be remodeled to provide an O.T. facility to the East women's service.

Street lighting has also been requested as an essential for employee protection and morale.

Other capital projects in the "so called" five-year program are on file elsewhere. We would hope that each year would see an orderly selection of the most urgent projects of the mental hospitals of this Commonwealth in order that there may be no deterioration of mental hospital but a steady improvement in service.

I wish to thank the Department of Mental Health for their unswerving support and service throughout the year. We are grateful to the division and department heads on whose shoulders the program development rested. They have done a good job. We are also indebted to the many loyal employees who at the action level of organizational operation have made improvements in patient care and service possible.

Respectfully submitted,

*Walter E. Barton*  
Walter E. Barton, M.D.,  
Superintendent.



# MOVEMENT OF POPULATION

## STATISTICAL DEPARTMENT

June 30, 1958

The resident census of the hospital on June 30, 1958 was as follows: 1184 men, 1631 women, a total of 2815, (as compared with 1197 men, and 1675 women a year ago for a Total of 2872 - or 57 fewer patients were in residence at the end of the year than there were a year ago.) There were admitted during the year 895 men and 853 women; a total of 1748 admissions to the hospital. There were discharged to the community 482 men and 283 women; a total of 765. There were 45 men and 23 women transferred to other institutions. 1575 patients were placed on visit in the community during the year. There were 294 deaths during the year, 146 men and 148 women.

There were remaining on the books of the hospital on June 30, 1958, 3265 patients of which number 2815 were in residence and 450 patients were on visit or otherwise absent.

### COMPARATIVE TABLE AT 5 YEAR INTERVALS

<u>YEAR</u>	<u>PTS ON BOOKS(male-female)</u>			<u>PTS IN HOSP.(male-female)</u>			<u>ADMISSIONS(male-female)</u>		
1958	3265	1332	1933	<u>2815</u>	1184	1631	<u>1748</u>	895	853
1953	3618	1506	2112	3087	1331	1756	1536	766	770
1948	3392	1444	1948	2978	1299	1679	1357	685	672
1943	3015	1350	1665	2574	1155	1419	1241	608	633
							(9 months averaged for 12 month figure)		



# MOVEMENT OF POPULATION

Year ending June 30, 1958

## Patients in Residence, June 30, 1957

Male	Female	Total
1197	1675	2872

## ADMISSIONS

	MALE	FEMALE	TOTAL
New admissions during year	895	853	1748
Adm. from visit	401	518	919
Adm. from absence	2259	3473	5732
Adm. from escape	114	58	172
Adm. from AWA	402	221	623
Adm. from family care	0	11	11
Total admissions for year	4071	5164	9235

## DISMISSALS

Dismissed on visit	605	970	1575
Dismissed on absence	2308	3522	5830
On escape	126	57	183
On AWA	372	195	567
Died	146	148	294
Discharged Outright	482	283	765
Transferred to other hospitals	45	23	68
Placed in family care	0	10	10
Total dismissals for year	4084	5208	9292

## OTHER CHANGES

Discharged from visit	187	396	583
Discharged from escape	16	7	23
Discharged from AWA	20	22	42
Discharged from absence	1		1
On visit from family care charged or transferred		2	2
Absence to AWA	56	37	93
AWA to visit	2	2	4
Absence to escape		1	1
Visit to AWA	5	5	10
Visit to escape	1	2	3

## SUMMARY AS OF JUNE 30, 1958

In residence	1184	1631	2815
On visit	109	231	340
On absence	3	16	19
On escape	11	7	18
On AWA	25	10	35
In family care	0	38	38
Total on books	1332	1933	3265



### ADDITIONAL COMMENTS

This year we were only able to discharge at the rate of  $1\frac{1}{2}\%$  (28 pts) more patients than we admitted. In 1957 & 1956 our discharge rate was 10% more than our admissions.

Voluntary patients make up 13% (422 pts) of the total number of patients on our books. This is a 3% increase over last year. About 2 out of every three patients who must remain beyond the period of initial observation, elect to do so as Voluntary patients.

There has been a steady increase in the movement of population each year for the past 4 years:

### ADMISSIONS & DISMISSALS

(The figures include all patients taken up on the census and all those dropped from the in patient census for whatever reason).

1958	18527
1957	16678
1956	16064
1955	14650



# CENSUS CHANGES DURING YEAR 1957-58

H3 60 beds opened after rennovation of ward made possible by transfer of patient to Medical and Surgical building. Patients were received from wards H 5 - 6 - 9.

H5 decrease from 72 to 50 22

H6 " from 63 to 50 13

H9 " " 55 to 42 13

Total 48 to H3

A2 Decrease 6 beds.

B3 Decrease 6 beds.

B6 " 5 beds.

B4 " 23 beds.

B2 " 18 beds.

B9 " 8 beds.

B5 Increase 8 beds.



THE BRIGGS CLINIC - Max Day M.D. Director

General

During this past year we have continued our efforts of service to the community in diagnosis, recommendations and treatment for the emotionally ill in training the staff from the hospital and in clinical research.

There have been several developments in the direction of dealing with family units rather than with individual patients. In one case we were able to treat a middle-aged, depressed man who later brought his cyclothymic wife into treatment as well. We were also able to treat an adolescent girl and her mother simultaneously. In all such cases, we arranged to have both therapists supervised together so that each person got a better picture of how his patient operated at home, the effect of this patient on others in his family and the effect of others on him. In addition to giving the therapists insights into how the family units of certain kinds of patients operated, each therapist had the opportunity to be made aware sooner of the effects of his therapy and of certain problems that his patient made by keeping out of the therapeutic hours.

There was a similar development which occurred unintentionally in group therapy. As a matter of fact, this has been a very active year for group therapy for we had 10 groups going through most of the year. We now have 7 sets of spouses who are in group therapy. To promote freedom of participation we separated husbands and wives so that they were distributed over 4 groups. There have been some important developments in this area since we found very intense reactions in many of these cases. In order that we maintain adequate control of the situation in the future, we will try and consolidate the spouses into 2 groups so that each couple may still be separated and at the same time a minimal number of therapists will be able to keep track of the members and their doings.

It will be noted in the statistical summary sheet that there has been an increase of \$1,100 in fees collected in this clinic this past year. This has more than mere financial meaning. Its importance lies in the realm of doing good therapy. This increased figure has appeared as a result of much thought given to the problem of helping the patient see the importance of his therapy. After many discussions we re-wrote the fee schedule so that the minimum fee was raised to \$1.00 which is thus more in keeping with the rising cost of living. It has seemed rather foolish to charge people 50¢ for therapy and expect them to consider it important. We then helped the therapist see the importance of discussing the fee and especially the meaning of patients neglecting to keep up payments. This was usually symbolic of the emotional investment in therapy. Another step in this direction was to give the patient a bill at the end of each month detailing the number of treatment hours and the amount owed. There were



some remarkable changes in the attitude of most patients in that a number who had been chronic late comers began to come on time and to take a more serious interest in the work of their treatment. There were also some who had been coming a long time and had not made any movement in any direction who resented the renewed emphasis on fees so much that they left therapy. It was felt to be very important that we show these people where their problems lay and what they had to do before they could begin to benefit from psychotherapy. This measureable increase in the amount of fees collected really represents an increase in the amount of therapeutic interest and activity.

#### Clinic Personnel

Max Day, M.D., Director  
Edwin M. Davidson, M.D., Assistant Physician  
Olof Johnson, Principal Psychologist  
Richard J. Lentschner, Psychiatric Social Worker  
Loretta M. Zardeckas, Senior Clerk & Stenographer  
Marguerite Cain, Junior Clerk & Stenographer

#### Changes in Clinic Personnel

There were two important changes and one serious lack in personnel this year. Dr. Edwin Davidson took over the Assistant Physicianship from Dr. Louis Geller. He brought a certain relaxed, compassionate interest especially for very sick and passive patients to the outlook of the clinic. He has since left us to assume the position of Senior Psychiatrist on the Male Reception Service. Mr. Harold Geddes left us in August of 1957 to assume the post of Head Psychiatric Social Worker at the Children's Unit at the Metropolitan State Hospital and it has been impossible to fill this position with a suitable person since then. Very serious was the lack of a junior clerk and stenographer. This position was temporarily filled by Miss Rhona Mendelsohn during the summer months of 1957 and was vacant until May of 1958 when it was well filled by one of our past secretaries Mrs. Marguerite Cain, nee Cramer.

#### Personnel from the Hospital

The list of physicians from the hospital who have worked at the clinic during the year includes:

John H. Porter, M.D.  
Harold G. Wilson, M.D.  
Brooks White, M.D.  
Louis V. Sorrentino, M.D.  
Edwin M. Davidson, M.D.  
Max Geller, M.D.  
Alexander F. Hyde, M.D.  
Melvin M. Kayce, M.D.  
James Kludt, M.D.  
Richard Kahn, M.D.  
Jonas Kolker, M.D.  
James Johnson, M.D.



In addition, we have had the help of the following physicians from the community, some of whom had been connected with the hospital:

Ralph Notman, M.D.  
Irwin Haskell Schell, Jr., M.D.  
Donald Montgomery, M. D., from Foxboro State Hospital

From within the ranks of other professional staff at the hospital, we have had the help of Miss Elizabeth Eckhoff and Miss Phyllis Fishman who did case work with several patients.

#### Supervisory Work and Clinical Research

A big portion of the supervisory work of individual therapy was carried by our consultant, Dr. Stewart Smith, who is a full-time practicing psychoanalyst in the community. Thanks to his stimulus there are the beginnings of several papers which should be published soon, which will be based on the work done by Mr. Lentschner with a case of autofellatio. Another may lead to a contribution in the area of personality structure and is based on work done by Dr. Richard Kahn. The third will deal with the teaching of young male psychiatrists the problems involved in treating middle-aged women on an out patient basis.

#### Students

There were no students at the clinic this past year.

#### Clinic Problems

The problems of the physical setting continue and will obviously not be solved until a new building is constructed. Final plans have been approved and construction awaits legislative action to provide the necessary funds under the Capital Outlay program. The first functional problem of the clinic continues to be the need for more supervisory time.

Salary revisions upward are urgently needed to attract and hold stenographers and psychiatric social workers. Because of the low salary scale positions have remained unfilled.



## STATISTICS

For Fiscal Year July 1, 1957 to June 30, 1958

Requests for Intake .....	252
New Admissions .....	108
Re-admissions .....	28
Total Admissions.....	136
Cases Accepted by the Clinic.....	74

### PATIENTS TERMINATED .....167

#### After Diagnosis & Treatment

Terminated by patient, improved .....	22
Terminated by patient, unimproved.....	35
Terminated by clinic, improved .....	21
Terminated by clinic, unimproved.....	2

#### After Diagnosis

Treatment refused by patient .....	25
Refused for treatment by clinic.....	36
Ineligible (6)	
Referred Elsewhere (22)	
Other Reasons (8)	

#### After Other Services Only ..... 27

### CLINIC ACTIVITIES

Intake Interviews .....	125
Evaluation Interviews.....	184
Person Interviews, Individual.....	2361
Person Interviews, Group.....	1533
Number of Groups .....	10
Number of Group Psychotherapy Sessions .....	465
Interview Others .....	34
Number of patients Tested Psychologically.....	22
Psychological test hours .....	47½
Total Number of Tests.....	84

Total Number of Visits .....4299

### OTHER CLINIC ACTIVITIES

Supervision of Individual Therapy Hours .....	550
Supervision of Group Therapy Hours .....	128
Staff Meeting Hours .....	196
S.S. Supervision of S.S. Student Hours .....	18
Community Service Hours .....	40

Total Received in Fees .....\$3,682.25



PROFESSIONAL CARE DIVISION - Ruth Ehrenberg M.D. and Donald  
Devine M.D.  
Assistant Superintendent and  
Assistant Medical Director

Personnel Department

Miss Gina Crugnola, Senior Clerk and Typist operates the unit in close cooperation with Miss Dorothea Preston, Asst. Treasurer assisted by a Junior Clerk and Typist. The work load of caring for over 1000 employees is beyond the capacity of the assigned personnel. In spite of long hours worked beyond that for which the employees are paid, delays in processing essential paper occur. Most urgently needed is a trained Personnel Manager who can give the much needed service to employees. This position continues to have a high priority in our budget requests this year as it did last.



<u>Month</u>	<u>Total Emp. Hired</u>	<u>Rehire</u>	<u>Transf. fr. other service</u>	<u>Prom.</u>	<u>Dem.</u>	<u>Total Emp. Term.</u>	<u>Resigned</u>	<u>Transf.</u>	<u>Dism.</u>	<u>Retired</u>	<u>Deaths</u>	<u>Applic. filed</u>
July, 1957	36	12	2	-	-	32	28	3	1	-	-	115
Aug., 1957	36	4	-	6	-	30	27	-	2	1	-	83
Sept. 1957	55	7	1	-	-	43	39	-	4	-	-	104
Oct., 1957	23	3	2	1	-	23	17	4	1	-	1	84
Nov., 1957	14	7	1	2	-	16	13	1	2	-	-	60
Dec., 1957	20	3	-	5	-	20	20	-	-	-	-	81
Jan., 1958	22	3	2	5	-	20	18	1	1	-	-	87
Feb., 1958	22	1	1	6	-	17	16	-	-	1	-	74
March 1958	21	5	1	-	-	21	20	-	-	-	1	112
April 1958	21	5	1	2	1	23	23	-	-	-	-	79
May 1958	11	3	-	3	-	19	18	-	1	-	-	166
June 1958	54	8	-	6	-	14	11	2	-	-	1	86

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Total Employees hired - 335

Rehired 61  
Promotions 36  
Demotions 1  
Changed position 11

Total Employees Terminated - 278

Resigned 250  
Transferred 11  
Dismissed 12  
Retired 2  
Deceased 3

Total Applications rec'd - 1131

Industrial Accidents  
reported

271



### Deaths of Employees

Joseph Sullivan	Attendant Nurse	July 6th
Maurice Fitzgerald	Carpenter Foreman	July 1st
Lillian Scully	Attendant Nurse	August 23rd (Murdered by two patients)
Robert Mason	Housekeeper	November
Joseph Acquiviva	Chauffeur	November
Francis Garvin	Carpenter	August
Joseph Marini	Plumber	January 25th
Timothy Scannell	Assistant Cook	February 21st
Mary Manning	Dining Room Attendant	November 13th
Lillian Wadsworth	Attendant Nurse	November (at home, family asphyxiated)
James Waterson	Carpenter	May 28th

Among the many employee retirements, was that of N. Anthony Bicchieri, M. D., who had served for over twenty years, while partially disabled.



MEDICAL RECORDS DEPARTMENT - Viola M. Union, Principal Clerk and  
Secretary to Department Head

This department continues to function as an important part of the hospital. There are 18 stenographers and typists assigned to this department. Reception Building Record Office opens case records on newly admitted patients, notifies relatives of patients admitted, sends orientation letters to new patients, makes out locator cards for hospital files, and copies all commitment papers to be sent to the Department of Mental Health. Subsequent progress notes on patients, visit and discharge notes, psychological examinations and histories are typed for the records. There were 1869 subsequent changes in the legal status of the new admissions. Therefore there was a total of 3617 commitment papers to be copied and forwarded to the Department of Mental Health. Previously all commitment papers were copied by typing, but we now have a duplicating machine for copying the papers.

A veterans' register is kept on all veterans admitted to the hospitals and reports forwarded to the Veterans Administration, hospital census sheets are typed for distribution to various departments and offices, correspondence regarding patients is answered, abstracts sent to other hospitals, reports on court cases are sent to the courts, and records when completed are sent to other Massachusetts State hospitals when patients are transferred. All of the statistical reports regarding admissions, visits, and discharges are also compiled in this department.

The Reception Record Office was moved from the second to the first floor of Reception Building in April. The main advantage of this change is that the medical records are now accessible to the physicians.



There is urgent need for additional typists and stenographers in this department and have been requested through proper channels. In order to attract and hold qualified Medical stenographers a salary upgrading to meet competition in the community is needed.



Pharmacy - Mr. Joseph Siciliano, Pharmacist

From its well equipped pharmacy in D Building (Medical and Surgical) two pharmacists fill drug baskets for medical wards and insert them in lockers from which the nurses later remove them. Several days a week requisition for drugs are filled for all other building treatment rooms. Containers and supplies are put into a trunk-like box and locked for delivery to the outlying services.

The increased use of drugs, the heightened tempo of psychiatric individualization of therapy and the improvement in the medical care of patients has greatly increased the utilization of drugs and supplies most of which are now dispensed from the adjacent Central Supply room that is open 16 hours a day, seven days a week.



X-RAY DEPARTMENT - Mrs. Lillian Mackall, Technician in Charge.  
R. H. Hermanson, M.D., Radiologist.

The x-ray department function, as usual, six days a week, last fiscal year. 4408 patients were examined in our department. Our consultant Dr. R. H. Hermanson made 120 visits during the year. Dr. Joseph Wassersug made forty visits for interpretation of chest x-rays.

During the year, we received a laminograph attachment for our x-ray machine. This has been a great help. Our tuberculosis patients do not have to make the trip to another hospital for this examination now as they formerly did.

As the quality of medical care has improved rapidly, the fine quarters planned in the medical building for the x-ray department have already been outgrown. The work load demands another technician for relief coverage. A Cystoscopic table, a room for the hospital Photoroentgen apparatus, a file room are now needed. The only space at hand is in the pharmacy store room which will be adopted for filing.



## TOTAL PATIENTS EXAMINED IN X-RAY DEPARTMENT

1957 - 1958

4408

## TYPES OF X-RAYS TAKEN:

CHEST	2978
EXTREMITIES	547
PELVIS	45
SHOULDERS	74
HIPS	102
NOSE	40
SKULLS	133
RIBS	31
DORSAL SPINE	71
LUMBAR SPINE	109
CERVICAL SPINE	32
BARIUM ENEMAS	61
BARIUM SWALLOW	12
G. I. SERIES	78
ABDOMEN	127
INTRAVENOUS PYELOGRAM	63
GALLBLADDERS	29
RETROGRADE PYELOGRAMS	10
HIP NAILINGS	7
FACIAL BONES	15
SINUSES	8
MASTOIDS	2
METASTATIC SERIES	22
MANDIBLES	23
SCAPULA	3
TEMPO-MANDIBLE JOINTS	2
CHEST FLUOROSCOPY	3
CYSTOSCOPY	13
SINUS TRACT INJECTION	4
STENO-CLAVICLE	2
PORTABLE CHEST	27
COCCYX	5
INTRAVENOUS GALLBLADDER SERIES	3
URETHOGRAM	1
PORTABLE X-RAYS	26
LAMINOGRAM	12
TOTAL FILMS USED	11,220
TOTAL CONSULTANT VISITS:	
DR. HERMANSON	120
DR. WASSERSUG	40



PHYSICAL THERAPY DEPARTMENT - Mrs. Margaret Swallow  
Technician in Charge  
Louis Feldman M.D.  
Physiatrist

The Physical Therapy Department with its two technicians gave 8785 treatments to 126 patients. All patients and employees treated are prescribed for and constantly rechecked by the consultant, Dr. Louis Feldman.

A program of group exercises on the wards was started briefly and it is hoped that this program will be continued soon, with the advent of another therapist.

Another chest x-ray survey was conducted for one week with 2233 patients and 308 employees being x-rayed. It is hoped that on the next survey that more employees will take advantage of this service.

The position of Orthopedic physical therapist could not be filled all year. The salary is inadequate to attract a graduate of an approved school of physical therapy. It had been hoped that the needs of Orthopedic patients and of patients on wards for ambulation and corrective therapy might be met by this person and later with students in training.



<u>DIAGNOSIS</u>	<u>NO. OF PATIENTS</u>
Acne Vulgaris	3
Adhesive Capsulitis	2
Amputation	5
Amputation - bilateral	1
Arthritis	1
Arthritis - hypertrophic	1
osteo (hypochondriasis)	1
Arthrodesis - triple	2
Bursitis - shoulder	2
sub-acromial	1
Contractures - arms - bilateral	1
fingers	1
hand	1
hand - burns	1
neck	1
shoulder	2
Dermatitis	1
Dermatitis - postphlebitic	1
Fibromyositis	1
Fractures - ankle	2
colles	1
elbow	3
femur	1
femur - nailed	1
hand	1
hip	1
hip - nailed	12
prostheses	4
humerus	10
olecranon	2
os calcis	1
shoulder	1
tibial table	3
wrist	2
vertebrae	1
Hemiplegia	18
Korsakoff's Syndrome	1
Laceration - tendon	3
Ligament Rupture	1
Ligament Tear	1
Multiple Sclerosis	2
Myositis - arm	1
lumbar	2
shoulder	2
thoracic	3



Physical Therapy continued

<u>DIAGNOSIS</u>	<u>NO. OF PATIENTS</u>
Neuritis - arm	1
traumatic	2
Parkinson's	1
Perineuritis	1
Pityriasis Rosea	1
Polyneuritis	1
Post Prostatectomy	1
Strain - arm	1
gluteals	1
knee	1
leg	1
lumbar	5
wrist	1
Tendon Tear	1
Torticollis - psychomatic	1
Triplegia - spastic	1
	<hr/>
TOTAL .....	130



Physical Therapy continued

TYPES OF TREATMENT GIVEN

NO. OF TREATMENTS GIVEN

Ambulation	803
Bicycle - stationary	32
Dressings	7
Exercises	2401
Finger Ladder	22
Kanavel Table	19
Massage	2001
Motor Point Stimulation	17
Paraffin Bath	1
Parallel Bars	473
Pulley Weights	64
Radiant Heat	1262
Rowing Machine	15
Short Wave Diathermy	167
Shoulder Ladder	123
Shoulder Wheel	112
Ultrasound	99
Ultraviolet	72
Vibrator	21
Walkers	776
Whirlpool Bath	328

TOTAL ..... 8785



### SUMMARY

No. of Individual Patients .....	126
No. of Different Diagnosis Treated ....	62
Total No. of Diagnoses Treated .....	130
Total No. of Treatments Given .....	8785
No. of Employees Treated .....	15



Medical Library - Miss Mary Viafora, Librarian

Mrs. Miriam Geller left at the end of June, 1958, after building the medical library services to a satisfactory psychiatric reference facility. Her services will be missed.

Her successor, Miss Viafora, is a trained librarian with extensive experience in a research capacity. The library of 4,000 volumes and periodicals, may be expected to be most efficiently managed under her direction.



LABORATORY - Naomi Raskin M.D. Pathologist and Director of the  
Myerson Laboratory

During the past year, despite many work hours lost due to illness among the laboratory staff caused by virus and other disorders, the number of laboratory tests performed showed considerable increase over the preceding year.

The laboratory introduced periodic bacteriological examinations of the food and kitchen containers with gratifying results.

The laboratory also continues its active interest in research. Five publications are listed elsewhere.

The work on arteriosclerosis has been progressing very slowly due to the lack of personnel. We hope that our request for additional two technicians will help to solve this problem.

Deaths ----- 294, males ----- 146, females ----- 148

Autopsies -- 127, percentage --- 43.2%

Ages	Male	Female
30 - 39	3.	0.
40 - 49	6.	5.
50 - 59	14.	9.
60 - 69	36.	24.
70 - 79	46.	59.
80 - 89	39.	44.
90 - 99	2.	7.
	<hr/> 146.	<hr/> 148.



Causes of death:	m	f
General and cerebral arteriosclerosis and bronchopneumonia . . . . .	36.	36.
General and cerebral arteriosclerosis, inanition, dehydration . . . . .		10.
Arteriosclerotic Heart Disease and coronary sclerosis . . . . .	6.	6.
Hypertensive heart disease . . . . .	9.	10.
Acute congestive heart failure . . . . .	4.	3.
Acute myocardial infarction . . . . .	11.	9.
Coronary thrombosis and Arteriosclerotic heart disease . . . . .	19.	16.
Hemopericardium and general arteriosclerosis . . .		1.
Cerebral hemorrhage . . . . .	2.	1.
Cardiovascular Disease . . . . .	1.	4.
Rheumatic endocarditis and bacteremia . . . . .		1.
Thrombosis of aneurysm of abdominal aorta and Syphilis of the CNS . . . . .	1.	
Pernicious Anemia . . . . .	1.	1.
Diabetes . . . . .		2.
Epilepsy . . . . .	1.	1.
Cerebral thrombosis . . . . .	4.	6.
Cerebral edema, alcoholism and coronary sclerosis .	1.	
Lobar pneumonia . . . . .	4.	
Subdural hematoma . . . . .		2.
Uremia and bronchopneumonia . . . . .	2.	1.
Mid thigh amputation and bronchopneumonia . . . . .		1.
Bilateral bronchopneumonia and coronary occlusion and two saccular abdominal aorta aneurysms with blood clots		1.
Cholecystitis and impacted stone . . . . .		2.
Empyema of the gall-bladder due to impacted stone .		1.
Pulmonary tuberculosis . . . . .	11.	4.



	m	f
Carcinoma . . . . .	9.	8.
Fractures . . . . .	9.	15.
Cerebral tumor . . . . .		1.
Pituitary adenoma . . . . .	2.	
Perineal prostatectomy, urethro-cutaneous fistula, cachexia . . . . .	1.	
Cerebral hemorrhage, CNS syphilis . . . . .	1.	
Perineal gangrenous decubitus, extension to pelvi-rectal tissues . . . . .		1.
Perforation of duodenal ulcer and acute peritonitis . . . . .	1.	
Thrombophlebitis of rt, femoral vein, pulmonary emboli . . . . .		1.
Portal cirrhosis, Chronic alcoholism, gastrointestinal bleeding . . . . .	1.	
Extra and inter-peritoneal hemorrhage, vascular abnormality . . . . .		1.
Paget's disease of the skull . . . . .		1.
Gastric ulcer, chronic, cardiac failure . . . . .	1.	1.
Malignant nephrosclerosis, bronchopneumonia . . . .		1.
Status epilepticus, Epilepsy, cerebral arteriosclerosis . . . . .	1.	
Acute intestinal obstruction, severe general arteriosclerosis, pneumonia . . . . .	1.	
Sepsis, uncontrolled, infected decubiti, diabetes, amputation of leg for gangrene . . . . .	1.	
Acute dilatation of stomach, cause unknown, malnutrition . . . . .		1.
Internal hydrocephalus, bronchopneumonia . . . . .	1.	
Cirrhosis of liver, pulmonary edema, Hepatic coma .	1.	
Cerebral arteriosclerosis, subdural hydroma . . . .	1.	
Nephrosclerosis, general arteriosclerosis, severe cellulitis, lower extremities . . . . .		1.



Thyrotoxicosis, pulmonary thrombosis .....	m.	f.
Suppurative pyelonephritis, cystitis, hypertrophy of prostate .....	1.	1.
Bronchopneumonia, bilateral pulmonary infarct, Acute pyelonephritis .....		1.
Bronchopneumonia, influenza .....		1.
CVA, bronchopneumonia .....		1.
Diabetes .....		2.
Ischiorectal abscess, acute, severe, cellulitis, general arteriosclerosis, bronchopneumonia, Huntington chorea .....	1.	



July, 1957 - June, 1958

## HEMATOLOGY:-

Hemoglobin Estimation-----	3,458
Red Blood Count-----	3,228
White Blood Count-----	5,374
Differential Count-----	5,276
Hematocrit-----	860
Sedimentation Rate-----	349
Blood Grouping-----	225
Rh Factor-----	225
Crossmatching-----	333
Prothrombin Time-----	215
Clotting Time-----	48
Bleeding Time-----	27
Clot Retraction Time-----	3
Eosinophilic Count-----	14
Reticulocyte Count-----	12
Platelet Count-----	11
Sickle Cell Examination-----	9
Fragility Test-----	3
Coombs Test-----	3
Malaria Smears-----	6
Bone Marrow Examination-----	1
Color Index-----	15
Volume Index-----	14
Saturation Index-----	14
Mean Corpuscular Volume-----	15
Mean Corpuscular Hemoglobin-----	16
Mean Corpuscular Hemoglobin Concentration-----	16

## BLOOD CHEMISTRY:-

Blood Sugar-----	2,065
Non-Protein-Nitrogen-----	2,003
Total Protein-----	209
Albumin-----	207
Globulin-----	207
A/G Ratio-----	207
Bromsulphalein-----	32
Bilirubin-----	170
Icterus Index-----	74
Thymol Turbidity-----	65
Cephalin-Cholesterol Flocculation-----	107
Cholesterol-----	62
Cholesterol Ester-----	9
Sodium-----	138
Potassium-----	138
Carbon Dioxide-----	63
Chloride-----	57
Acid Phosphatase-----	23
Alkaline Phosphatase-----	76
Calcium-----	20
Inorganic Phosphorus-----	8
Amylase-----	17
Acetone-----	6
Bromide-----	7
Uric Acid-----	11
Urea-----	2
Congo Red-----	2



Phenolsulfonphthalein-----	1
Glucose Tolerance-----	14
Diagnex Blue-----	1
URINALYSIS:-----	3541
CEREBROSPINAL FLUID:-----	83
PRE-ELECTRIC SHOCK EXAMINATION:-----	278
GASTRIC EXAMINATION:-----	23
PLEURAL FLUID:-----	3
SURGICALS:-----	215
AUTOPSIES:-----	126
BACTERIOLOGY:-	
Routine Culture and Sensitivity-----	363
Routine Culture-----	62
Blood Culture-----	22
T B Culture-----	103
Acid-Fast Smears-----	27
Direct Smears-----	18
Quaiac-----	39
Ova and Parasites-----	13
HISTOLOGY:-	
Paraffin Sections-----	4438
Frozen Sections-----	30
Whole Brain Sections-----	11
Celloiden Sections-----	17

TOTAL LABORATORY TESTS PERFORMED				
	1958	1957	1956	1955
Hematology-----	19,770	17,498	15,240	12,201
Blood Chemistry-----	6,001	3,712	2,026	3,108
Histology-----	4,496	4,011	3,152	4,185
Bacteriology-----	647	344	53	37
Urines and other tests-----	4,143	2,925	3,180	3,184
Totals	35,057	28,490	23,651	22,715

The marked increase in work load, highlights the need for additional laboratory technicians.

(Note the phenomenal rise of demands for bacteriological work)



EEG. LABORATORY - Mrs. Madeline S. Smith R.N. in charge

Mrs. Smith completed her training in the Brain Wave Laboratory of the Mass. General Hospital during the year and received her certificate. The marked increase in service rendered is already apparant although she was not available for full time duty most of the year.

	1958	1957
Electrocardiographic Tests EKG.	741	162
Electroencepholograms	36	9
Basal Metabolism Tests	9	0



Dental Department - Joseph Fleming D.M.D.  
James Burns D.M.D.

No. Patients Seen.....	5170
No. Operations Performed.....	8632
Restorations.....	796
Prosthetic Appointments.....	771
Dentures completed.....	32
Dentures Repaired.....	32
Anesthesia Used.....	703
Extractions.....	1006
Cases in O.R.....	6
No. X-rays Read.....	165
Miscellaneous Treats.....	19
Alvioplastis.....	17
Consults.....	12
Examinations.....	2172
Sutures Placed.....	132
Sutures Removed.....	132
Radicular Cysts.....	41
Fractured Jaws Treat.....	1
Post Operative Operations.....	229
Periodontal Treatments.....	3077
Dentures Marked and Cleansed.....	314
Biopsy.....	1



OCCUPATIONAL THERAPY DEPARTMENT - Miss Marjorie Canada, Head O.T.

PERSONNEL

One Occupational Therapist, one Recreational Therapist and four Occupational Therapist Assistants began employment during the year. Four Attendant Nurses were assigned to this department for summer employment.

One Occupational Therapist, one Recreational Therapist and six Occupational Therapist Assistants terminated employment. One Attendant Nurse terminated summer employment.

There is still a high turnover in employees in this department due to low competitive salary. Appeals have brought some small gains in this respect, but State salaries are still below the average salaries offered for other workers in occupational therapy in the Boston Area.

The Occupational Therapy Program

This department comprises Occupational Therapy, Industrial Placement, Recreational Therapy and Music Therapy, whose reports are included in the pages to follow. These are organized under the Head Occupational Therapist. There is a real need for an administrative assistant to handle the large amount of clerical work being done by the head therapist. This would then free the head for program development and supervision.

One of the achievements of the year was the ease in procuring supplies. This has been a problem for years and at long last appears solved through cooperation between the Head Occupational Therapist and the Steward. There is no longer any difficulty in the processing of orders for supplies, and these supplies have been received within a reasonable period of time.

The following reports will give a breakdown as to the accomplishments, needs and future plans for the various Occupational Therapy Units.



## ACHIEVEMENTS 1957-58

I. Mimeograph and Typing Unit - from October, 1957 through June, 1958, 34 patients received 3,000 hours of treatment in this unit. One of the most significant achievements was the establishment of this as a training unit, with the support of Miss Hilma Unterberger of the Massachusetts Rehabilitation Commission. The Commission made available to this unit a typing and shorthand teacher, 7 typewriters, 10 typing tables and 10 chairs, plus typing and shorthand books. Prior to this, we were not able to obtain the equipment necessary to set this up in an adequate way.

This unit treats patients from all areas of the hospital. The patients are medically referred and are evaluated, and screened for this type of training by Miss Unterberger. The supervisors of the unit this past year have been Mr. Melvin Wiseman, who terminated in September, and Mrs. Davida Miller, who replaced him. The typing and shorthand teacher is Miss Grace Callanan. This unit does all the mimeograph work for the entire hospital. Additionally, the unit turns out a great deal of typing to relieve the heavy load of work from all offices of the hospital. The unit also does sign making with an embossograph machine.

In January, 1958, the unit was moved from West O.T. Clinic to the D-Medical & Surgical O.T. Clinic. The facilities and space are greater here, and the area simulates a true work situation. This offers the most thorough vocational training in the hospital.

Since January, 1958, approximately 8 patients from this unit have left the hospital and are working successfully at jobs outside. Another 2 patients from the unit have been placed in part-time work in record rooms in the hospital while they continue to be trained in the unit part-time.



Needs: Ideally, this unit should have more office equipment such as an adding machine, a transcriber and an electric typewriter. Plans for the future are to increase the time the patients are treated in the unit from 5 half-days per week to a full 5-day week.

2. Reception O.T. - 2 groups of approximately 36 patients are treated in this clinic daily. This past year, 651 patients received 16,027 hours of treatment.

During January, 1958, the physical set-up of the clinic was reorganized to provide for more adequate use of the existing facilities. The smallest room was turned into a music room where patients could listen to records. This has proved quite successful. Noisy recreational activities became a problem to personnel and patients in the building. An ideal solution would be the conversion of one or two of the virtually unused rooms in the west side of the Reception Basement into a small gym, which could be supervised by ward personnel or by O.T. Staff.

There has been more interaction between ward personnel and O.T. Dept. in the Reception Building this past year, partially thru ward contacts and partially due to committees formed by the Group Social Worker, to promote activities and interaction on the wards. These meetings helped O.T. and ward personnel to cooperate more in their activities with patients.

Needs: Improved lighting and better ventilation are sorely needed in this area. These are a part of the Capital budget request for renovations.

#### Reception Ward Program

Work started on the Reception wards in January, 1958 with the purpose of stimulating and increasing patient and personnel interaction. As a result of six months' exploration and work,



some changes have occurred. Communication seems to be more direct and complete; interaction between patients and personnel seems to have increased. Three committees have been established by patients and personnel to study patient activities and to provide for patient activities. New activities included painting wards, informal coffee hour, dances, game nights and crafts. Current problems seem to be the lack of material and time. These problems seem to be directly related to the interest and expected role of personnel.

The ward program reaches 80 patients per week. There is intensive contact with 6 patients per week and 6 attendants and nurses per week. There is also contact with 5 patient small groups and 3 personnel small groups.

3. H-O.T. Clinic - 2 groups of patients are treated daily in this unit. 50 patients received 4,465 hours of treatment in the H-O.T. Clinic. Another 150 patients were treated in ward programs, which were newly initiated this past year in H-3 and H-8.

The renovation, by H-O.T. patients, of the former basement quarters in H-Bldg. deserves mention.

In the hope of stimulating more evening recreation, in particular, we have had installed poles for volleyball to the right of H-Bldg. in front of K-Cottage; a basketball goal is going up this week.

#### Changes in Patient Program

There seems to be a definite trend to reach larger numbers of patients via dances, ward programs, etc. and more concentrated attention to the smaller group in the O.T. clinic. The patients referred to O.T. should be screened much more carefully than in the past. This means closer working with doctors and ward



63  
personnel which is becoming increasingly possible with better communication.

Blackboards have been placed in most of the dayhalls in H-building, eventually it is hoped to have a patient in charge of the news in each ward.

The first ward program started on H-3 in April with good cooperation from attendants.

A real achievement of the present year is better cooperation between H-O.T. and H-8, the building's really inspiring ward. Patients here have their own garden

Changes mean new meetings. The following meeting in H-Bldg. were regularly scheduled.

1. Monthly meeting with Dr. and the professional staff.
2. Weekly ward meeting for H-Bldg.
3. Patients' ward meeting on H-8.

Needs:

1. For additional personnel ---

The services particularly of a Male O.T. at least on a part-time basis would be a tremendous help in the recreation and woodworking area. There is need for more patient leadership in H-Bldg. activities. In the evenings, the patients who are in Industry by day, better oriented but more neglected, could be perhaps stimulated to form committees, etc. and make some real plans for what they would like to do with the patients' lounge being developed in the basement area.

2. For more free space within the clinic.

4. S-O.T.Clinic

2 patient groups are treated daily. 58 patients received a total of 6,640 hours of occupational therapy. Patients in this unit come from any of the East Side buildings.



A new three-speed phonograph and records were donated to this unit by the Women's Auxiliary of the hospital. This has been used in the S-O.T. as well as in O-Bldg., P-Bldg. and other wards. Recreation equipment has also been added. More recreational activities have been offered.

There is little contact or communication with other services concerning patients in this clinic. This would be most desirable.

#### 5. O-Bldg. Ward Program

One patient group is treated daily in the linen room off O-Bldg. dayhall. 34 patients received 5,310 hours of treatment.

The most significant change in the program is the addition of a weekly rhythm band activity for these patients.

#### 6. N-Bldg. Ward O.T.

I group treated daily in the dayhall of N-Building. 61 patients received 3,542 hours of treatment.

The program continues much the same as last year except that more storage space was made available by moving a storage cabinet (old) from another O.T. area to this ward.

Recreational activities have been given to N-2. There is still a need to spend more time working on the N-2 Ward, and this is one of the future plans for this building.

No formal meetings are held with doctors, social workers or ward personnel concerning this building. There is a need for more interest in this building on the part of these other services.

#### 7. R-Bldg. O.T.

2 groups are held daily in a small room off the 2nd floor of R-Bldg. 38 patients received 4,544 hours of treatment. These patients come from all buildings of the East Side.



Regular meetings are held each Thursday morning with the Senior and other representative members of this service.

Needs:

A larger working area with more storage space, adequate heating and lighting would facilitate greater patient treatment.

Time has continued to be the greatest problem in transporting patients. This is especially true during the winter months when more time is lost because of the poor clothing situation. The therapist has to wait for search for clothing for patients.

8. P-2 Ward Program

This was a new program, begun on April 1, 1958. Since that date, 48 patients have received 1,198 hours of treatment.

The goals are to raise the general standards of the ward, to provide the patients with various activities, to interest the attendants in these activities and to finally turn the program over to the attendants. Two O.T. personnel worked on this program. Activities were held from 1-2 P.M. each day, and included magazines, drawing, coloring, painting, finger painting, cutting and pasting, clay and recreational activities, including playing catch with balls and bean bags, dancing and listening to music, and going for walks. The activities were held in the center of the dayhall at two long tables. The attendants were encouraged to participate and showed the most interest in music and dancing, but have shown no signs of wanting to take over any of the program.

9. L-O.T. Clinic

2 groups are treated daily, one from L-2 Ward and the other from M-Bldg. chiefly. 130 patients received 13,451 hours of treatment.

Needs:

A home-making unit to rehabilitate patients who have had



long hospitalization would be very desirable. Storage cabinets are also needed as well as a desk, typewriter, record player and a kiln.

10. East O.T. Clinic

2 groups treated daily. Total of 37 patients treated, 2,858.5 hours.

II. A-1 Ward Program

This started originally as an intensive ward program for patients from A-1 who were receiving insulin, drugs or other somatic therapy. 25 patients received 2,083 hours of treatment before this program was discontinued with the termination of the therapist, in December, 1957.

12. A-Building Ward O.T.

2 groups of patients, coming from all wards of A-Bldg., are treated daily in this program, located in the dayhall of A-3. 59 patients received a total of 4,015 hours of treatment. This program is handled by Miss Anita Bowling, O.T. Assistant.

All A-Bldg. patients were encouraged in a fence-painting project in the Spring. A small group of patients volunteered, but were enthusiastic about the project. About 20 patients participated. After painting the fence a flower garden was planted in front of it.

The O.T. area in A-Bldg. benefited from renovations made in the building. New lights and windows were installed in the office and storeroom for O.T. off A-3 dayhall. Despite these improvements, the area is too small for the O.T. Dept. needs.

13. D-Medical & Surgical O.T. Clinic

2 patient groups are treated daily from D-Building Wards. 125 patients received 5,434.5 hours of treatment.



Since April 1, 1958, from 2:00 to 4:00 P.M. a working patient has been assigned as aide to help in transporting patients to and from the clinic.

To date, weekly meetings have been attended with the physiatrist and Physical Therapy Staff. Preceding June, psychosomatic clinic was attended every other week.

Needs:

- (1) More coordination of O.T. program with other services through staff conferences.
- (2) Psychiatric supervision including referrals and conferences. This has been provided beginning 1 July.
- (3) Help in lifting patients in and out of wheel chairs and to transport them to and from the O.T. clinic.
- (4) Volunteers to organize a library service on the wards.

14. G-Bldg. O.T.

2 groups treated daily. 33 patients received a total of 6,881 hours of treatment.

During the year July, 1957 - June, 1958, the following changes have been made in the G-Building Unit:

- (1) The O.T. Shop had more equipment installed, such as a desk, an old sewing machine in good running order, 1 combination phono-radio, 3 irons, 2 ironing boards, tables and benches for outdoors, an old crank style phonograph, and books.
- (2) The dull gray walls of the old storage room were painted a bright green color, which made it into quite an acceptable wood-work shop.
- (3) The end room on the second floor was converted into a small green house for flowers.

During the winter months, a regular program for O.T. and



recreation was set up for the entire building.

During the summer months, the program was changed to a little more active recreation such as: gardening, croquet and modified ball playing out-doors.

Needed changes which would be a sink with running water for O.T. area, better lighting and at least two fans to improve ventilation in the area.

15. West O.T. Clinic

2 patient groups are treated daily. 68 patients were given 6,396 hours of treatment.

Weekly meetings are held with the Senior, O.T. and Nursing Personnel.

The Recreation Program in J-Building was discontinued and a new group in H-4 was started.

In the West Clinic a Co-ed Group was started consisting of female patients from A-Bldg. and male patients from Upper-H and H-8.

At the beginning of this program, the patients felt uncomfortable with one another, but at the present time there is some interaction within the group.

A Coffee Hour takes place once a week. This gives the group an opportunity to socialize.

All printing for the hospital's local needs is done in this unit.

16. I-O.T. Clinic

I group is treated daily. 29 patients received 3,975 hours of treatment. A ward meeting for I-Building is attended by the therapist weekly on Thursday mornings.

The I-O.T. Clinic has been greatly improved with the re-



decorating and re-building of some of the furniture by the patients.

In the Spring, the senior Psychiatrist set up a series of meetings with the personnel of I and A-Buildings. The purpose of these meetings was to organize the wards of I, J and H-Buildings and to use to better advantage the personnel and facilities of this service.

17. B-Building Female O.T.

2 groups have been held daily with efforts concentrated on the admission wards of B-Building. 140 patients received a total of 6,816 hours of occupational therapy.

This past year, male and female patients in the B-Building had joint O.T. activities part of each day. This proved effective and has continued.

Needs: There is a great need for a simple ward activity program for patients in B-Building who are not on the admission wards. This cannot be accomplished without interest, cooperation and sufficient ward personnel. Continued leadership is essential for maintaining such a program, and this means that an occupational therapist would have to spend much time with ward personnel.

18. B-Building Male O.T. Program

2 groups have been treated daily. A total of 153 patients received more than 12,008 hours of treatment in occupational therapy.

More recreational activities were added during the year, and more woodworking or masculine activities were used in the program.

There was good communication in both the Male and Female division of the B-Building among O.T. and other personnel through



regularly scheduled ward meetings and staff conferences, as well as through informal contacts.



## SPECIAL ACTIVITIES 1957 - 58

There was a total patient-attendance of 9,817 at 20,513.5 patient hours of special activities this past year.

Some of these activities included:

1. Bi-monthly dances in I-O.T. attended by patient groups from H, I, J, A and some East Side patients.
2. Monthly parties or social activities in most O.T. Units.
3. Bus trips nightly during the Christmas Season for patients to see the Community Lights and Decorations. Special parties were held after each trip. Care was taken to select for these trips patients who rarely had opportunities to go outside the hospital.
4. Selecting, ordering, marking and wrapping of Christmas gifts for more than 3,000 patients. The working hours consumed by this activity are not included in the above figures. Miss Choate was in charge of the wrapping of gifts.
5. Selecting and distributing Christmas Decorations for all wards.
6. Arranging for and supervising many bus trips, picnics and outings for patients during Spring, Fall and Summer months.
7. Gardening projects with patients in A, I, G, H and L O.T. Units.
8. Continuation of Red Cross Arts and Skills group with volunteers.
9. Addition of educational films as a part of O.T. program in several units.
10. Regular movies held in I-O.T. twice each month.



11. Helped in decorating Chapel, wards and cafeterias on holidays and special events.
12. Initiated painting projects on Reception Building wards where several dayhalls and wards were painted by patients led by O.T. Painting of A-Building fence.
13. Planning and preparing decorations for Women's Auxiliary Annual Hat & Style Show. Miss Bowling, O.T. Asst., trained the patient-models for this event.
14. A-Bldg. and I-Bldg. formed a combined male and female O.T. group for patients selected by Seniors on the A and I Service. These groups were held twice weekly by Miss Choate and Miss Bowling.
15. Many special activities initiated by Mr. Hawes, O.T. Asst., in his ward activities on Reception Bldg.
16. Christmas Pageant produced through assistance of many O.T. Dept. members with their patient groups.
17. Planning and executing ward dances -- Reception Bldg., H-Bldg., P-Bldg., B-Bldg.
18. Recreation and O.T. materials issued to many wards for ward personnel to use in patient activities.



### FEMALE INDUSTRIAL PLACEMENT

558 women patients worked 200,253.5 hours in Industrial Therapy this past year.

During any one month of the past year, there have been from 250 to 300 women working in hospital industries. The following clerical placement situations have been added: H-Record Room, G Office and B Office. All of the latter consist of typing and filing duties. Other placement situations which were added are: D-O.T. Aide, Central Supply (D Building) and Patients' Library in Reception Building. Placements which have been added and then closed during the past year are G-Linen room and Patients' Library in East O.T. The following placement areas have been closed during the year: East Office and Reverend Howard's filing project.

#### Needs:

That an additional O.T.R. or O.T. Assistant be placed in East Industrial Placemtn. There is far too much territory and responsibility on the present therapist.



### WEST MALE INDUSTRIAL PLACEMENT

With the cooperation of the personnel in Industry during the past year many of our patients were given an opportunity to try their skills in industry.

343 male patients worked a total of 230,819 hours in Industrial Therapy. Some of the patients were not really on a work level; however, with understanding of their illness and guidance, many of those patients found some help through communicating with other patients concerning their work.

#### Needs:

The patients working in industries need hair cuts, showers, shaves and clothing changed more often. This is especially true in the Food Service and Cafeterias, where sanitation is so important and in the Laundry, where patients are working downstairs on wet floors and handling wet clothing daily. A daily shower after work would stimulate those patients after a long day's work.



#### WEST RECREATIONAL THERAPY

150 patients received a total of 15,530 hours of recreational therapy.

Two regular meetings have been added. The ward physician started weekly ward meetings on Wards I and 3, with all patients, personnel and the supervisor present. This is followed by a valuable and informative conference with the doctor and ward personnel. Also, a weekly ward staff meeting is now held.

#### OUT-DOOR RECREATIONAL AREA

The greatest advance of the year in recreational therapy was the completion of the new out-door recreation area built from funds raised by the Boston State Hospital League. This area began its full operation in early June, 1958 with the addition of summer personnel to implement an out-door recreational program.

In the short period it has been in operation it is evident that it is an important aid to the treatment of patients. Large groups can be handled here and the variety of activity offered has appeared to be most stimulating.

#### Needs

Much more extensive recreational activity would be made possible by an increase in the amount of equipment and apparatus made available.

The Therapist has assisted at ward parties given in the I-Building by the student nurses. Women patients have been brought to the building from the East Side for Record Hops.



Softball games have been organized at picnic areas away from the hospital. Patients were taken to professional baseball games in Boston. A Christmas bus ride and party was run.

Ward Parties	5	80 pts. each
Record Hops	3	100 " "
Games at outings	4	30 " "
Trips to ball park	4	30 " "
Christmas bus ride	1	30 " "



OCCUPATIONAL THERAPY DEPARTMENT

STATISTICAL REPORT

Total patients Treated: 3,351

O.T. Units	1,737
Female Industrial	558
Male Industrial	343
Music Therapy	296
Recreational Therapy	417

Total patient attendance for Special Activities: 9,817

Total patients who left the Hospital: 575

By Trial Visit	202
Discharged	169
Trans. to other hospitals	45
Died	6
Extended Visit	121
Working outside hospital	32

Total patients dropped: 887

Trans. to other than O.T. Wards	160
Uncooperative or disturbed	47
Escaped	43
A.W.A.	59
Physically incapable	48
Discontinued	530



Intra-departmental transfers: 292

Trans. from O.T. or recreation to Industry 176

Transfers between O.T. Units 100

Trans. from Industry or Recreation to O.T. 16

Total patients carried over at end of year: 1,420

O.T. Units 413

Female Industrial 252

Male Industrial 259

Music Therapy 99

Recreational Therapy 397

Patient Hours of Treatment:

O. T. Programs 108,743.5

Industrial Placement 431,072.5

Recreational Therapy 15,530

Music Therapy 3,976

Special Activities 20,513.5

Total 579,835.5



### MUSIC THERAPY

The termination of the previous incumbent and assumption of duties only in April 1958 reduced participation.

The needs of the music therapy section made themselves felt very early. Perhaps the most acutely felt need is for more music therapists. It is a rather devastating picture to find one's self as the only music therapist for such a large patient population.

There is need for a music department with at least three persons and music practice rooms and instruments for band and orchestra.

Radio broadcasting should be scheduled through the music therapy section.

There is now a male glee club of 15, a rhythm band of 22 and a ward sing with four wards all meeting weekly. There are also three vocal classes a week of 10 patients per class, a total of 30 patients.



Volunteer Services Department - Mr. Paul G. Mavrides Director

It is a pleasure to report that in the last fiscal year, the total number of volunteers recruited by this department has increased 200%.

This spectacular rise is attributed to a combination of a successful all-out drive for services of the community citizens and groups by personal contact of the Director. New volunteer groups attend basic orientation courses given to all hospital personnel. The volunteers often voice their pleasure in the interesting manner in which our goals for the patients and the hospital itself is presented. Our volunteers feel as if they belong and like to remain active throughout the years. Oftentimes, they present credible and useful suggestions which we attempt to utilize when feasible. It is interesting to note, too, that many applications for Volunteer Service are due directly to work-of-mouth advertising. One volunteer enlists many others.

Recognizing the power of all communication media, with particular attention to the printed word, the efforts of the Volunteer Service Department in this area redoubled, with the result that in the last fiscal year Boston State Hospital received, via press, radio, and television, publicity estimated at a monetary value in excess of \$40,000. Our Christmas appeal, "Adopt a Patient" was an overwhelming success. Approximately 12,000 gifts were distributed throughout 54 buildings, housing 3,000 patients; the equivalent of 4 gifts per patient, while 2 to 3 Christmas Parties were held on each ward.

Throughout the fiscal year of 1957, the Volunteer Service Depart-



ment established a program of ward parties and entertainment for our patients. On the average, 2 parties or dances are in progress daily on the grounds of the hospital. This represents a 66% increase of these activities from the previous fiscal year. The Musicians Union, Local #9, furnishes as many as 35 musical groups for entertaining or dancing in a single month.

Our closed-circuit radio station, WBSH, operates daily, using the services of volunteer engineers and disc jockeys. A record programming service has been provided through the efforts of the Editor of the Boston News. New books, estimated at \$500 value, have been added to the patients library donated by various publishers and solicited by the Editor of the Boston News.

Through the efforts of the Director of the Volunteer Service Department arrangements have been made with the officials of the Boston Red Sox to permit our patients to attend all home games at Fenway Park. Patient attendance is limited only by the transportation that is available. This summer, many patients have been escorted, by our volunteer groups, to the ever enjoyable Boston Pops Concerts.

Under the direction of our department, many church, civic and fraternal organizations, union and club groups, have come to our hospital to provide and participate in many activities with our patients.

The bedside-visiting volunteers have been very busy helping our bed-ridden patients enjoy life a little more by talking with them, and doing small, but vitally important tasks such as writing letters and reading to them.



Daily donations of clothing, edibles, games and an assortment of many gifts, still pour into the hospital. It is estimated that our clothing donations, at present, with the estimated continued flow of donations, are enough to furnish our patients with various articles of dress for a period of three years.

Finally, we are pleased to report that future relations with the Central Labor Union, with a membership exceeding 200,000 is very bright and is expected to be firmly established very shortly.

#### REPORT ON THE FESTIVAL OF FUN

The Festival was a smashing success! Financially, despite the loss of one day's business due to rain, we raised approximately \$12,000. More important, the Festival attracted an estimated 50,000 people, gave many groups an opportunity to unite and work together in a common cause, with a realization that many people, from all walks of life, are interested in the problems of the mentally ill.

The number of individuals comprising the Festival Planning Board numbered 105, representing church, civic, labor, judicial, governmental, television and professional hospital personnel. We are pleased to acknowledge their cooperation and services. The Volunteer Service Department has awarded all citizens who participated actively to make the Festival a success a Certificate noting our appreciation for their efforts on our behalf.

#### LOOKING AHEAD

The success of our various directed volunteer efforts and



activities, and its response, together with many, many requests we receive daily from citizens who want to know more about our problems and what they can do to help, prompts us to think along the lines of establishing a workable plan to coordinate volunteer help, so that we can utilize its full, and yet untapped, potential. The Department is in the process of carefully mapping out an acceptable plan to organize every known operation to create a favorable climate in which the help of the community will be forthcoming to a greater degree.

#### ACKNOWLEDGEMENT

The Director of Volunteers wishes to take this opportunity to thank the 166 Community organizations that have been so helpful to the patients of the Boston State Hospital during the past year. A grateful thank you is here said too to all of the many hundreds of individuals who helped so much in the Volunteer program.



CLINICAL MEDICINE DIVISION - James Mann M.D. Director of Psychiatry  
and Chief of Professional Service

Staff Education:

Reference to the resident training manual for the year July, 1957-June, 1958 will provide an over-all view of activities in staff education. One may note the variety of subjects covered and the fact that all professional personnel of the hospital were involved. In this connection, it may be well to mention some activities inaugurated during the past year and not included in the manual of that year.

Selected nurses and aides met weekly in a staff conference presided over by Dr. Limentani. Subjects and assignments for presentation were made by the nursing group. The intent of these meetings was to afford nursing personnel the opportunity to discuss regularly, with a senior member of the psychiatric staff, psychiatric concepts involved in nursing and every-day work problems of concern to them.

Similarly, all occupational therapists met weekly with Dr. Blau using the same procedures.

In addition, the director of Psychiatry met weekly with a selected group of nurse supervisors in an effort to solve with them divisive tendencies between the School of Nursing and the Nursing Service.

A weekly seminar was held for the first time for all second year residents with the Director of Psychiatry. The major effort here was to instruct these members of the staff in an area generally minimized in a hospital of this kind, i.e., the neuroses. Other subjects included varieties of psychotherapy, varieties of group therapy, interviewing techniques, psychiatry and the social sciences, research in psychiatry, et al. (See



manual for 1958-59, Schedule VI A, for complete listing).

Once each week, the Director of Psychiatry met with all senior physicians in a two hour session devoted to administrative, therapy, and supervisory problems, as well as to evaluative discussions in regard to the resident staff. As a result of these meetings two major innovations are in process. The first is a rating which is to be made on each resident by the senior physician of the service after each four month rotation period. A similar rating will be made annually by the senior physician on each permanent member of his staff. Attached is a copy of the rating record.

A more significant innovation was a new method and form for the psychological examination. The attached copy is self-explanatory. General discontent with the form of psychological examinations previously used lead to the appointment of a committee by the Director of Psychiatry for the purpose of composing a form which would have its roots in our experience at this hospital.

In the matter of staff education, special thanks should go to our devoted group of "outside" psychiatrists who have been supervising our resident (and permanent staff) in their psychotherapy.

In general, our aims in staff education are devoted to emphasizing basic concepts in understanding mental illness. I feel this is an especially important emphasis at a time when, within the field of serious mental illness itself, (meaning essentially the hospitalized patient) specialization of function proceeds at such a rapid pace as to create a tendency toward over-simplification of problems and failure to appreciate basic



psychopathological processes. The success of our residents here and the high value generally placed upon them as they move to other agencies speaks for the soundness of our approach. In summary, our work and study theme is "what is the matter with this patient?" so that corrective measures may be taken in a planned and logical manner.

#### Patient Treatment.

##### a. Individual Psychotherapy.

This remains our basic tool in effecting change in our patients. The level of supervision that we offer is of an unusually high calibre with the result that every member of the staff (residents thru senior physicians) treats patients psychotherapeutically. For obvious reasons, the total number of patients so treated can never reach a truly significant figure. The advantages, however, apart from those accruing to the individual patient lie in the genuine appreciation of human mal-function, the awareness of capacity for change, the growth in maturity of the physician, the spirit of optimism that is created and the contribution such treatment makes to the therapeutic atmosphere of the hospital at large.

##### b. Group Psychotherapy.

On the average, throughout the year there have been 25-30 groups in process at all times. These included about 200-400 patients, as size would vary with movement out of the hospital. The most useful change in this activity has been the factor of continuing patients in groups after they have left the hospital. In coordination with Dr. Limentani, Director of the After-Care Program, a majority of the groups had both in-and-out-patients in their membership. In general, it was felt that these



groups functioned better than those composed exclusively of in-patients.

c. Electro-Shock Treatment.

The advent of drug treatment and the more careful use of EST has resulted in a reduction in the use of this treatment. On the average, only 10-30 patients per month receive EST. Interestingly, the geriatric service with its numbers of depressed patients has become the chief employer of this modality.

d. Insulin Coma Treatment.

This expensive and patient-limited treatment has been completely abandoned as being unnecessary.

e. Drug Treatment.

While all the tranquilizing and stimulating drugs have been used, we are settling down to greater selectivity of both drug and patient. The tranquillizers remain most effective in alleviating agitated and disturbed states. With some variation, generally about 25% of our patient population is on one or another drug. Although their quieting effects remain unquestioned, we do not yet see these drugs as altering the over-all picture of recovery in any marked way. In addition, all other methods and adjuncts of treatment are employed including case work, occupational therapy, recreational therapy and vocational rehabilitation. As a measure of control and supervision, none of the ancillary personnel may engage in individual or group therapy without:

1. Approval of the department head.
2. Approval of the senior physician group.
3. Supervision.



	<u>1958</u>	<u>1957</u>
Surgery - Total	424	370
Major	150	141
Minor	274	229
L.P.	104	149
EST. Treatments	1405	2631
Patients	331	771
Anectine EST Treatments	1012	498
Patients	331	161
Psychotherapy Group Hours	1836	1906
Patients	1664	597
Psychotherapy Individual Hours	5851	6288
Patients	802	896
Hydrotherapy Treatments	309	504
Patients	108	196
Insulin	none	none
Drugs	Doses highest month 37,129	?
	Patients Range per mo. 741-822	

Surgical procedures have increased.

EST treatments diminish as drug use increases.

Anectine EST in older patients is increased in use.

There is a slight drop in the number of hours of psychotherapy.

Hydrotherapy continues to drop.

Insulin treatment has stopped.



VOCATIONAL REHABILITATION - H. Unterberger, Mass Rehabilitation Commission

1. During the Fiscal Year 1957-1958, major development at the Boston State Hospital has been the inception of the typing unit. The Mass. Rehabilitation Commission has employed a typing and shorthand teacher to work two hours a day, five days per week in the O.T. Unit in the Medical & Surgical Bldg. The Commission has also supplied typewriters, typewriter tables and chairs, and typing and shorthand books to the unit. As a result of this development, the number of referrals to this commission has noticeably increased.

2. Statistical Summary:

During the fiscal year, 77 persons were referred to the Commission, 74 by the hospital staff, 2 by Briggs Clinic and one by the Home Treatment Service. Of the 77 persons referred, 32 have been accepted by the Commission; 43 have not been accepted, and 2 are in process.

	<u>Accepted</u>		<u>Not Accepted</u>	
As of June 30, 1958	<u>32</u>		<u>43</u>	
No. in training	13		Not ready	35
No. planning for school	1		Not interested	5
No. working	8		Went to work	2
No. in counseling	4		Not seen	1
No. not working	3			
No. returned to hosp.	2			
Dead	1			



3. As is evident from the large number of persons considered to be not ready for service, a great deal of the counselor's time continues to be spent in screening referrals, many of whom are too ill to take advantage of the services of the Commission.

4. Because the counselor has been assigned to the Boston State Hospital half-time on an extension and improvement grant, which expired in June, 1958, there will no longer be a counselor half-time at the hospital. However, the typing unit will continue under the Auspices of the Commission, and the Commission will continue to accept referrals from the hospital. The Commission additionally hopes to provide other types of training opportunities for patients during the next fiscal year.



AFTER CARE DEPARTMENT - Davide Limentani M.D. Chief Psychiatrist

The organization, during the year of an After Care Dept. arose out of a dual need

- (1) To increase efforts to reduce the number of readmissions thru more intensive after care; and,
- (2) To integrate rehabilitative efforts toward the development of "job readiness" training and transitional programs to motivate and support the chronic patient as he moves from complete dependency upon the hospital to independence in the community.

The following statistics from our June (1958) activities offer clues as to the direction this service will take.

23 Staff doctors participated in seeing patients who have left the hospital.

2 Visiting psychiatrists held regularly scheduled After Care clinics.

13 Psychiatric Social Workers and

2 Psychologists and several nurses also saw patients on After Care status.

167 Patients continued in psychotherapy

205 Patients were seen in group psychotherapy

98 Supportive visits made

50 patients supervised on drug therapy

64 " social case work sessions

24 Relatives of patients in therapy

42 Patients on Night Care Plan

25 " on Day Care Plan



- 3 New patients placed in Family Care.
- 61 Ward Meetings
- 113 Evaluation Sessions

We have selected for detailed comment one pilot project.

#### REPORT ON PROGRESS OF PATIENT-EMPLOYEE PROGRAM

The patient-employee program was first authorized in August, 1957 and the first patient was admitted to the program in December, 1957. The Program Committee has met once a week since.

Up to now five patients have been accepted on the program. Each of these patients has raised a number of problems so that we have made a good start toward establishing a set of procedures for operating. The attached copy of "Procedure for Operating" summarizes our present thinking in a concise form. In addition, many other problems have emerged to which we have found no solution, and which will require help at a level higher than that of our committee. They are listed on the attached sheet.

Of the five patients on the program two have died before leaving the hospital. Mrs. Marion McCarthy was found dead in her room on March 31st, 1958. Her death has been attributed to ruptured esophageal varices due to liver disease. Mrs. Ellen Woodcock was found hanged in her room on June 9th, 1958. She had secured a job in the community and was to have continued in intensive individual psychotherapy but was apparently uncertain of her ability to face the difficulties involved in starting a new life for herself. These two deaths have affected negatively the workers of the program, the hospital staff and the patients.



Two of the other three patients (William Duncan and Sophie Flint) were referred from chronic services, and it is our feeling that the program can be credited with their successful return to the community. Sophie Flint had been admitted to Boston State Hospital in January, 1946. She was actively and acutely psychotic and gave a long history of alcoholism. She received several courses of E.S.T. and of insulin therapy until she settled into a chronic withdrawn state, receiving only custodial care. Her rehabilitation began when she was placed as a maid in one of the homes in the hospital. In December, 1957 she was placed in the patient-employee program as a dietician aid. She left the hospital after she secured a job in the laundry of the Children's Hospital. We expect her to return to our after care program for weekly group therapy sessions. Her physical appearance, degree of activity and of initiative, flow of speech, etc., had improved some, and yet to a much greater degree than would have been expected one year earlier. William Duncan had been hospitalized at Boston Psychopathic Hospital for five months in 1952. In March, 1957 he was admitted to Boston State Hospital, improved with E.S.T. then relapsed. In January, 1958 he was placed in the patient-employee program as a cafeteria worker. He left the hospital in March, 1957 after he had secured a job in the community. We felt that the patient-employee program helped this patient organize himself, get used to daily work and experience more motivation for an independent existence in the community.

George Gillespie, a 20 year old man, had a very unstable, shiftless life since birth (early adoption). He had been in this



hospital for the first time from May to October, 1957. He was readmitted in December, 1957 and placed on the patient-employee program in January, 1958. He secured a job as technician at the Peter Bent Brigham Hospital and left Boston State Hospital in June, 1958. It would seem that our program helped this patient to acquire a new skill (he had none) and to gradually gain a feeling of independence and responsibility in the semi-protective atmosphere provided by a "living-in job".

The patients themselves unanimously, including the two who died, praised the program for having changed the status to one that improved their self respect. They all spoke with definite and strong anxiety of the danger of being returned to the ward as patients, if they did not succeed in leaving the hospital in six months. We feel that this is a positive factor and that it shows the motivation that can be developed by the program.

#### UNSOLVED PROBLEMS OF PATIENT-EMPLOYEE PROGRAM

The program requires a full time worker. We have had many difficulties because each member of the committee has devoted himself to it as a "side-line". Two of the patient-employees left the hospital without our knowledge and without telling us their plans. We do not have one person to whom all information can be directed and who can delegate responsibilities to other workers. The referral of patients, as well as any phase of our program, is equally affected.

The problem of housing patient-employees is one for which we have no solution. Their being housed in regular employees'



quarters has had serious drawbacks because of complete lack of supervision. If we were to keep them on the regular patients' wards, we would eliminate the main asset of the program, an improvement of their self esteem.

The lack of supervision is only one aspect of this problem of housing in employees' quarters. Others include the lack of any material support or promotion of improved social participation. The problem of the involvement of the employees is inevitable and should be considered if the program is to succeed. Feeling of persons involved can block referrals, or at least prevent any from the most fertile source; such feelings can make or break a program by transmission of attitudes to patients.

The legal problem (and the statistical one) is a source of concern. As examples: A discharged patient, who had given up his patient-employee status, lived for some time in the hospital with which he had no legal connection whatsoever. When the two above mentioned patient-employees died, we had the problem of a natural death and a suicide of people who had no legal status within the hospital, one was on extended visit, the other on trial visit. This problem is common to other after care services.

The records of these patients are put away as "inactive" and we have no records of our own as an O.P.D. would have. Also we have no secretarial service.

Total stay of patients on the program. We foresee that the six months limit will not prove to be satisfactory and that this will either have to be extended to a one year limit, or that it be left to the discretion of the committee to be decided for each case. Another solution might consist of allowing the six months limit to stay, but to reevaluate each patient for a



possible extension.

In order that this program may succeed it must be viewed as one step of an integrated rehabilitation effort. Considerable work should be done to prepare patients for it in the form of occupational therapy, assignment to industries, group therapy, etc., and it should be followed by after care activities both in the hospital (evaluation, group therapy, etc.) and in the community (half-way house, recreational activities).

The last point above may help us overcome the very great difficulty we have had in having patients referred to us and in finding suitable patients for the program. Greater interest and forwardness of the nursing staff and of the industries is essential for us to expand the program. This last problem is actually the most serious and pressing one.



BOSTON STATE HOSPITAL  
PATIENT-EMPLOYEE PROGRAM

Committee:

Miss Canada - Head O.T.	Mr. Kline - P. Soc. Wkr.
Miss Eckhoff - Hd. P.S.W.	Dr. Limentani-Prin.Psy.After Care
Miss Goodman - Dir. of Nurs.	Dr. McCarthy - Sr. Psy.
Mrs. Hulse - Psy. S.W.	Miss Posson - Psy. Soc. Wkr.
Dr. Kayce - Sr. Psy.	Miss Unterberger - Voc. Rehab.
Mrs. Kell - Ind. Ther.(O.T.)	

Procedure for Operating:

1). The purpose of this program is to provide patients with the opportunity to improve their work skills and work habits, to receive a modest pay for their work and to develop motivation toward a more independent and self responsible life. The ultimate goal is their use of such gains toward leaving the hospital and adjusting successfully in the community.

2). The purpose of the program give a broad idea of the patients we like to have for the program itself. More specifically we would like referrals of patients who have been working in industries and who can profit from the opportunity offered by the program of job training, socialization and independence. It is important that some kind of support in the community exists to make their release from the hospital possible. Their present functioning in reality is more important than their psychopathology or their past history.

3). Patients can be assigned to any type of work that may seem suited or desirable for them. The hospital offers practically unlimited job opportunities and we are not limited in our choices.



4). Referral of patients. Any hospital personnel may refer a patient to any member of the committee, but the person who receives the referral will discuss the suitability of the patient for the program with the Senior of the service to which the patient belongs. We would like to have referrals of doubtful patients instead of missing suitable ones.

5). Screening procedure. Patient's case is presented to the committee by the Senior on the service from which the patient comes. In addition, we expect any other hospital worker who can contribute to the understanding or planning for the patient to be present; (Supervisor in industry, nurse, attendant, etc.) Discussion should include:

Information from the case record.

Ward Adjustment.

Performance in industries.

Probability of success on the program, etc.

Evaluation by either Dr. Kayce, Dr. McCarthy or Dr. Limentani.

6). Legal and statistical status of patient-employees.

When the patient goes on the program his status changes to "Patient-Employee" and is so marked on the record. In addition, and depending upon the legal status as a patient, he is so marked on the record. In addition, and depending upon the legal status as a patient, he will be on trial visit, on visit or discharged. This last status will determine the patient's position in the hospital statistics (?).

7). Procedure for admission of patient-employees to the program. Mrs. Hulse, O.T., in charge of Industrial Placement, will arrange to see the patient and attend to the following:

a). Orientation of patient to employment regulations:

1. Working hours.



2. Pay - how much and how to get it. (40¢ per hour. Pick up pay in cash at Treasurer's Office, 11:30-12:00 noon on Thursdays).
  3. Deduction for room and meal tickets.
  4. Time limit of program, maximum 6 months.
  5. Holidays, same as for regular employees.
  6. If the patient needs to take time from his job for therapy, to look for a job, etc., an attempt will be made to give him an opportunity to make up for the loss of time.
- b). Inform Treasurer's Office that patient will be put on the pay roll at a given date. Inform employees' cafeteria that patient will be eligible to use meal tickets there.
  - c). Assignment of patient to employee quarters, room keys, regulations. Male patients will be given rooms in the male home, female patients in the West Employees' Home.
  - d). Orientation of work supervisor to the program and arranging with supervisor for:
    1. Report on hours worked.
    2. Report on performance.
  - e)1 Keeping of time cards in the O.T. Office in the Administration Building. These should be turned into the Treasurer's Office at the end of the day Friday or by 9 A.M. on Monday.

8. The hospital Superintendent will request the Division of Settlement and Support of the Department of Mental Health to discontinue billing for board of the patient.



9. The progress and adjustment of patient-employee will be determined and reported by:

- a). Mrs. Hulse through her follow-up of patient-employees on their job, and through her contacts with work supervisor. Absenteeism, lateness, general appearance, mood, work habits.
- b). Industrial workers to whom patient-employee is assigned will report to Miss Canada immediately any unusual developments. When Miss Canada is not available the Nursing Supervisor (Administrative Building) will be contacted.
- c). Mr. Kline (social worker) through periodic interviews with individual patient-employees.
- d). Dr. Limentani through weekly group or individual meetings with all patient-employees.

10. Leaving the program should be done in compliance with the rules that apply to all employees, i.e., with a two week notice. In addition, this should be done in cooperation with, and with the knowledge of the hospital staff and of the Patient-Employee Committee. Such development should be brought to the attention of the Patient-Employee Committee by any member of the committee who first gains such knowledge. More specifically and with more urgency this information is needed as soon as possible by: (1) Mrs. Hulse in order to make sure that the procedures required to end the patient employee status are carried out, (2) Miss Unterberger to plan the final steps in the placement of the patient employee in the community, (3) Dr. Limentani to enable him to assign the patient to appropriate after care follow up.



ANNUAL REPORT OF THE SURGICAL DEPARTMENT OF THE BOSTON STATE  
HOSPITAL -1957-1958 - Alexander J. A. Campbell, M.D. Chief Surgeon

Once again it is time to present the Annual Report for the Surgical Department; to consider our accomplishments during the past year, to discuss some of our problems and to suggest some goals for the year ahead. As for our accomplishments, they are summed up in the statistical report which is as below. As for our problems and goals, I believe the best approach is to divide them into eight topics that directly concern the Surgical Division.

THE OPERATING ROOM

The statistics are that about 424 operations were performed during the past year; about one-third of the cases were major surgical procedures. The work performed is representative of the surgery which is carried out in most general hospitals. The number of operations is increasing each year but there is a need for more expansion in the fields of Vascular and Genitourinary surgery if we are to fulfill our obligations. One of our problems is that, since the opening of our present Surgical Building, we have been without equipment and instruments which had been ordered and approved. A second problem is that of only two Operating Room nurses which is not adequate. I cannot speak too highly of the present two nurses who have cooperated with the Surgical Department to an extraordinary degree and have enable us to bring a surgical technique and control in the Operating Room that is exceptional. But the work load is excessive for two nurses and there is an imperative need for an additional Operating Room nurse. As it is, the two nurses are expected to extend their work load to include emergency and night calls without additional remuneration. At times, they are called upon to transfer patients and to actually



clean and mop the Operating Room Suite. In the last six months, we have inaugurated a tightening up of control in the area of sterile precautions. The enforcement of caps, masks and boots in the Operating Room as well as wound and air cultures. These measures must be enforced and maintained as strictly as possible in an effort to control sepsis. The problem of Staphylococcus infection remains a matter of major concern to doctors, nurses and personnel in every hospital. In no other place is its control as important as in an operating room. For these reasons, a third nurse should be indoctrinated into our operating-room technique in order to prevent periods of confusion and lapses of technique.

#### THE RECOVERY ROOM

Because of the lack of trained nurses on our wards, we have attempted to keep postoperative patients in one of the rooms of the Operating Room Suite until they have sufficiently recovered from anesthesia and operation to permit their transfer. This technique is becoming standard hospital practice and we are gradually adapting ourselves to this ideal arrangement. The availability of proper facilities and trained personnel justify this arrangement. But the handicap of only two nurses just about obviates the advantage of any such effort. Yet this is an important and especially desirable complement to postoperative care and must be further developed and planned for in the future.

#### ANESTHESIA

Anesthesia has always been a major problem. There is difficulty in obtaining the Anesthetists on call and advanced bookings are sometimes cancelled. These and other factors point to the reality that a full-time, well-trained anesthetist is the solution to this particular problem. An early appointment of a



full-time Anesthetist is most essential.

#### SURGICAL SUPPLIES

There is a shortage of help in the division of Surgical Supplies. Supplies are not stored in advance to meet extraordinary demands. Actually, our bookings in the Operating Room have depended, on occasions, upon the availability or unavailability of supplies, and these conditions are most noticeable when the regular help is absent. Not only is this a handicap in the matter of operations but also in our efforts to control and prevent infection in the wards.

#### LABORATORY

The need for expanded Laboratory facilities was mentioned in the last Annual report. There have been delays in reporting essential laboratory work, especially cultures and sensitivity studies. Infections do not await delayed laboratory reports and the Laboratory should not decide the essentialness of studies that are ordered. If the work cannot be performed at our Laboratory, then it should be referred to a qualified outside Laboratory.

#### X-RAY

At the present time, this division functions as a separate unit from the Surgical Department. However, I feel some obligation to make some comments with reference to this Department which is so important to operating a good surgical division. It seems to me the following items should be taken into consideration:

1. Additional space for files and new equipment.
2. A Cystoscopic Room which is long overdue and a necessary adjunct to the Department.
3. A full-time secretary and an additional X-ray technician.



4. Facilities for doing arteriograms and venograms, cholangiograms and the development of x-ray plates in the Operating Room.
5. Additional personnel to take care of the increasing number of x-ray examinations and more visits by Roentgenologist, or consider an X-ray Resident.
6. A re-evaluation of the remuneration given to the Roentgenologist. The amount is most inadequate for the demands made upon him.

#### SURGICAL WARDS

Here again the key word is shortage. There is a critical shortage of nurses on our surgical wards and the evening and night shifts are inadequate. This problem is not peculiar to the Boston State Hospital but is more acute. The opening of the fifth floor for acute and critical surgical cases under an adequate nursing staff deserves more evaluation so that it may be incorporated into our present set-up. During the past year, a strong effort was made to enclose and minimize the problem of sepsis by isolating septic and clean cases, using septic and clean dressing carts and wetting agent on the floors, and instructing personnel in the wearing of masks, gowns and gloves, and in disposing septic dressings and contaminated bedding and clothing. These precautions are not only a protection against cross infection but are a protection to our personnel. These fundamental procedures must be conscientiously carried out by our Nursing personnel and the absolute need for constant supervision must be emphasized again and again.

#### SURGICAL CLINICS

The Surgical Clinics which are held in the "D" Building deserve



recognition and comment. The Surgical Department has held a total of 178 Clinics during the past year and 1606 patients have been examined, treated or advised. These clinics have become an important functioning unit and are regulated with order and efficiency that reflects great credit upon the participating personnel. In my opinion, they deserve an accolade! I have but one important recommendation; that is, that the use of rubber sneakers for ambulatory patients be outlawed because of the cases of maceration and infection and because of the lack of protection and support. Economy and safety which have been presented as justification for the use of sneakers are by no means valid reasons. A surgical experience of many years at this Hospital contradicts such assertions.

On behalf of the Surgical Department, I wish to express our appreciation to all who contribute in any way to the carrying out of the work and aims of this Department. We are grateful to Dr. Barton; he is a tower of strength and a beaconlight at all times as he offers his cooperation, advice and assurance. We wish to commend Dr. Basamania for his assistance in our surgical program; his work and teaching are most deserving of our recognition. Our appreciation also goes to Dr. Sevenduk for his cooperation and untiring efforts to support our program by his work on the Medical wards. To the Surgical Residents on duty during the past year and to my Surgical Associates, my sincere gratitude for your cooperation and endeavors in our work together at the Boston State Hospital.



It is gratifying to report continued effort, during the year ending June 30, 1958, for ever-better medical care of the large population of mentally ill patients in our Hospital.

As in former years they presented many problems and inter-current functional and organic ailments within the scope of the department of medicine. Their management, both in the out-patient clinic and in the wards, is now creditably better because of the excellent facilities in the new general hospital, D Building, with our two full time medical residents, Drs. Sevenduk and Yuen, both able and conscientious.

Greater opportunity for the study and treatment of our patients has also come this year with the institution, after long need, of a second visit per week by the consultant physicians, so that there is now a weekly visit each in the wards and in the out-patient clinic. Cooperation with all the resident and visiting services is fully available during these visits and at any time in emergency.

Again, the two nurses, Mrs. Freddey and Mrs. Cleary, play a big part in the efficient management of the clinic. Ambulatory patients are sent there from all departments and services. The tradition for better clinical records with laboratory preparation is becoming apparent from year to year. Where indicated patients are transferred directly to the medical wards. The other are returned with the consultants' advice and with request for follow-up in the clinic.



Many patients are referred to the clinics to be cleared for electroshock therapy, especially the aged and those with vascular pathology. Clinical experience continues to show that even these take this treatment well; it is frequently life-saving. There have been no casualties this past year. Anectine is recommended as a precautionary measure in these old patients.

In the wards there has been the usual range of morbidity and mortality. Happily, there were no epidemics through the year. There was the average incidence of acute respiratory infections, but no influenza, so fearfully expected last fall. Our whole population had, of course, been inoculated with type K influenza vaccine.

The widespread use of tranquilizers was reflected in our medical wards through the year by 20 cases of hepatitis with icterus. Fortunately all recovered with the discontinuing of these drugs. It is our impression, and we recognize it only as such, that electro-shock therapy is the more effective and safer method of treatment.

Because the very large majority of our population is well past middle life, it is the group of cardio-cerebrovascular diseases that predominates in our wards. On the whole patients in the acute phases of these diseases are as well treated as in any of the community general hospitals. However, it is the patients requiring prolonged care who break down. The distressing malnutrition, fractures, decubitus and terminal pneumonia in our wards are, in large measure, the result of lack of sufficient nursing and attendant personnel. Our great need, as it is in general hospitals everywhere, is greater availability of nursing.



There were 294 deaths through the year with 126 cases coming to post-mortem examination, 42 percent. The increase in this rate of research is creditable. The chief causes of death were arteriosclerosis in its varying manifestations, neoplasm, tuberculosis, with bronchopneumonia frequently a contributing factor.

There are, of course, satisfying aspects to our work. A word of encouragement and cheer to our patients, both in the clinics and in the wards, is important psychotherapy. There is opportunity to see varied interesting disease conditions and gratification in reaching correct diagnosis and successful treatment. Thus two cases of hyperthyroidism were recognized during the year, cured by surgery and restored to mental health. It was good economy, even though the cost of the protein-bound-iodine tests done in an outside laboratory was expensive.

Our full-time dietician in D Building is a tower of strength in the management of our cases of diabetes, peptic ulcer, cardiac and renal failure and malnutrition.

The work of the departments of tuberculosis, dermatology and physiology has continued with their usual efficiency.

In summary it is gratifying to note at our Hospital steady progress in improved care of its patients, even handicapped as it is by insufficient nursing personnel. The integrated team work of its resident research and visiting staffs is returning ever-more patients to useful lives. The public must be made aware of this contribution and particularly to the part it plays in the care of the aged, an ever-growing problem on the community.



TUBERCULOSIS SECTION - Joseph D. Wassersug, M.D. Consultant

It is with great pleasure that I submit this report, my twelfth, summarizing our year's work at the Boston State Hospital.

Statistically, the Tuberculosis Unit in the G Building cared for an average daily census of 78 patients, approximately 15 female and 63 male. Ages ranged from 25 to 82 years. Some of our statistics can be tabulated as follows:

There were 39 new admissions falling into the following categories:

Old Boston State Hospital patients (up to 33 years)	
new diagnosis	9
Old Boston State Hospital diagnosis - reactivated	6
Outside diagnosis - reactivated	3
Admission diagnosis	4
Admitted from sanatoria	10
Admitted by transfer from other State Institutions	<u>7</u>
12 female      27 male	39

Discharges in the year are divided as follows:

Died - cause of death - Tuberculosis	9
cause of death - Other causes	7
Active tuberculosis - To Sanatoria	4
Escaped	1
Inactive tuberculosis - To Boston State Hospital wards	8
Other State Hospitals	3
Home Trial Visit	3
Home discharged	<u>2</u>
8 female      29 male	37

Four of those discharged as inactive were the result of successful chest surgery.



The number of patients remaining in the Tuberculosis Unit for the whole year was 54. This is relatively large but it is understandable since nearly forty per cent of our new admissions are in advanced stages of the disease and require prolonged treatment. Furthermore, many patients have to remain in the Tuberculosis Unit until it is definitely ascertained that they are inactive since we have no convalescent ward for these patients. We need a convalescent unit in which our patients may remain during the transitional stages of their disease or during investigation to determine the presence or absence of activity. Patients who are recovering from tuberculosis or who may, indeed, have no tuberculosis at all would thus be spared contact with active cases of this disease.

During the past year, we have continued to work in close association with the general medical and surgical services and, particularly, the thoracic surgical service. Our patients in the G Building have been provided with the medical and surgical services that would be available to them in any good general tuberculosis hospital.

During the past year, I have held weekly clinics at the Hospital and have conducted 654 consultations. This number is the first decline since the institution of our program and it probably reflects the growing effectiveness of our efforts. Additional declines in future years are anticipated. Furthermore, monthly ward rounds have continued in the G Building as in the previous few years.

There has been a continued decline in the number of patients receiving pneumothorax and pneumoperitoneum. This decline



parallels the similar decline in other hospitals and, although pneumothorax and pneumoperitoneum were attempted in several cases, they could not be continued because of the resistiveness on the part of the patient.

All in all, the decline in active cases has been gratifying. Less gratifying, however, is the fact that one of our employees acquired tuberculosis during the past year, presumably as a result of contact with a patient. We are endeavoring to make our control measures more stringent so that this will be less likely to occur in the future.

As indicated above, our prime need is for a "Half-Way House" where patients recovering from tuberculosis or being investigated for tuberculosis can be properly studied. We also have need for a Dental Unit in the G Building since it has proved difficult to provide our patients with good dental care. Finally, services in the G Building could be expedited if we were provided with a porter who would be able to aid in the regular ward work and carry pathologic materials to the Laboratory. We do not have any regular person at the present time to perform this function.

At this time, I want to express my thanks to Dr. William P. Parker for his untiring efforts on behalf of our patients. I also want to express my sincere thanks to Lillian O'Laughlin, R.N., and her devoted workers in the G Building. Without x-rays our work would be impossible and so we feel most grateful to the x-ray technicians who have constantly worked to make our program a success.



Medical Clinics

<u>CLINICS</u>	<u>DOCTOR</u>	<u>NO. CLINICS</u>	<u>NO. PATIENTS</u>
<u>Surgical</u>	Dr. Campbell	39	350
"	Dr. Mikal	7	63
"	Dr. Shedd	4	37
"	Dr. Better	23	92
"	Dr. Greenberg	26	134
<u>Medical</u>	Dr. Morrison	13	108
"	Dr. Stearns	13	141
"	Dr. Rackemann	11	95
"	Dr. Oppenheim	12	120
<u>Podiatry</u>	Dr. Thorner	76	857
<u>Dermatology</u>	Dr. Francis McCarthy Dr. Phillip McCarthy	24	222
<u>Orthopedic</u>	Dr. Bragdon	16	86
<u>Fractures</u>	Dr. Bragdon		20
"	Dr. Better		20
"	Dr. Greenberg		14
"	Dr. Basamania		12
<u>Eye</u>	Dr. West	9	102
	Dr. Alpert	18	189
<u>Neurology</u>	Dr. Alexander	12	42
"	Dr. Starr	4	15
<u>E.N.T.</u>	Dr. Kent	1	2
"	Dr. Wilker	12	90
<u>Urology</u>	Dr. Brodney	2	10
"	Dr. Fischman	5	24
"	Dr. Hershman	2	6



<u>Clinics</u>	<u>Doctor</u>	<u>No. Clinics</u>	<u>No. Patients</u>
<u>Emergency Treatment</u> (Patients)	Dr. Stratton		5
	Dr. Parker		5
	Dr. Better		34
	Dr. Basamania		30
	Dr. Flynn		1
	Dr. Geller		1
	Dr. Oppenheim		2
	Dr. Kasparian		1
	Dr. Yuen		1
	Dr. Greenberg		38
<u>Employee's Physicals</u>			
	Dr. Parker 12 months	46	328
	Dr. Yuen 6 months		
	Dr. Sevunduk 6 months		
<u>Employee's Sick Call</u>			
	Dr. Stratton		591
	Dr. Parker		166
	Dr. Sevunduk		13
	Dr. Yuen		8
	Dr. Basamania		1
	Dr. Mikal		3
	Dr. Campbell		7
	Dr. Better		11
	Dr. Segal		1
	Dr. Kent		1
	Dr. Greenberg		18
	Dr. Francis McCarthy		1
	Dr. Bragdon		1
<u>Eye Glasses</u>			
	Mr. Hulett	20	168



Ward Rounds - Medical Clinics

Surgical	Dr. Campbell	31	
"	Dr. Mikal	7	
"	Dr. Flynn		2 patients
"	Dr. Shedd		3 patients
Medical	Dr. Morrison	13	
"	Dr. Stearns	4	
"	Dr. Rackemann	13	
"	Dr. Oppenheim	12	
Dermatology	Dr. F. McCarthy		2 patients
Orthopedic	Dr. Bragdon		89 patients
"	Dr. Dignam		4 patients
"	Dr. Grady		4 patients
Eye	Dr. West		10 patients
Neurology	Dr. Alexander		2 patients
"	Dr. Starr		31 patients
E.N.T.	Dr. Kent		2 patients
"	Dr. Wilker		5 patients
Urology	Dr. Fischman		3 patients
"	Dr. Brodney		2 patients
"	Dr. Hershman		7 patients
Psychosomatic	Dr. Morris	14 teaching	14 patients
Thoracic	Dr. Lynch	11 Clinics	29 patients
Plastic Surgery	Dr. White	5 Clinics	13 patients



BOSTON STATE HOSPITAL  
 ESCAPES AND ABSENCES WITHOUT AUTHORITY  
 July 1, 1957 - June 30, 1958

	<u>Total Escapes and AWA</u>	<u>Escapes</u>	<u>Returns from Escape</u>	<u>A.W.A.</u>	<u>Returned from AWA</u>
<u>1957</u>					
July	86	15	15	71	77
August	64	20	20	44	50
September	74	19	21	55	63
October	78	25	24	53	58
November	57	16	22	41	51
December	53	12	9	41	47
<u>1958</u>					
January	48	15	9	33	36
February	52	10	11	42	46
March	53	14	10	39	46
April	45	9	8	36	39
May	76	17	13	59	61
June	63	11	10	52	49
Totals	750	183	172	567	623



BOSTON STATE HOSPITAL  
 ESCAPES AND ABSENCES WITHOUT AUTHORITY  
 OVER 5 YEARS - NUMBER OF PATIENTS

	<u>Range</u> <u>No. per mo.</u>	<u>Total Escapes</u> <u>and AWA</u>	<u>On</u> <u>Escape</u>	<u>Returned From</u> <u>Escape</u>	<u>ON</u> <u>AWA</u>	<u>Returned</u> <u>from AWA</u>
1958	(45-86)	750	183(9-25)	172	567	623
1957	(35-85)	619	213(9-26)	195	406	421
1956	(26-79)	575	225(14-27)	221	332	352
1955	(38-84)	695	259(12-39)	244	316	323
1954	(25-91)	581	247(7-34)	230	448	425

In the past 5 years it appears the total number of patients leaving the hospital without permission is increasing. This is true of those who are on open wards with freedom to go to work or to clothing center or the canteen and to meals on the hospital grounds. The trend is toward fewer escapes from closed wards. The number leaving on escape in any month of the year has not changed significantly. Escapes are lower in the winter and early spring, and higher during summer and fall. The range of total unauthorized absences seems to be fluctuating less widely. In other words patients with privileges tend to leave the grounds at any season of the year.

Escape = Leaving from closed ward and those limited in privilege to open wards who may create a disturbance in the community.

AWA = Absence without authority - from privileged status



# ACCIDENTS TO PATIENTS - A FIVE YEAR STUDY

	<u>Total Accidents Reported</u>	<u>Total Number of Accidents Reported in the Month During 5 years (1954-1958)</u>											
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
		583	562	522	638	545	516	520	565	665	652	642	637
1958	1580												
1957	1424												
1956	1557												
1955	1200												
1954	1286												

<u>Nature of Accidents</u>	<u>Total Number of Lacerations Reported</u>	<u>Total Number of Lacerations Reported in the Month During 5 years (1954-1958)</u>											
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	2795	256	217	223	276	195	212	189	191	281	246	243	266

<u>Total Number of Contusions Reported</u>		<u>Total Number of Contusions Reported in the Month During 5 years (1954-1958)</u>											
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	3844	289	303	273	329	325	280	301	354	287	371	367	365

<u>Total Number of Attempts at Suicide Reported</u>		<u>Total Number of Attempts at Suicide Reported in the Month During 5 years (1954-1958)</u>											
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
1958	22)												
1957	47)												
1956	17) 113	4	10	6	16	10	4	8	6	14	18	12	5
1955	18)												
1954	9)												

<u>Total Number of "Other" Accidents Reported</u>		<u>Total Number of "Other" Accidents Reported in the Month during 5 years (1954-1958)</u>											
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	337	34	32	21	17	15	11	22	14	83	17	20	51



# ACCIDENTS TO PATIENTS - A FIVE YEAR STUDY

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
		Total Numbers Reported During the Month											
		During 5 years (1954-1958)											
How Accident Was Obtained													
Total Number of Altercations Between Patients	2980	248	242	225	268	229	199	209	270	250	259	302	249
Total Number of Falls	2607	209	209	191	232	203	213	196	201	251	251	239	212
Total Number of Self-Injuries	1022	77	80	73	102	84	69	77	88	75	115	77	105
Total Number of Miscellaneous Accidents	533	49	31	33	36	29	35	38	36	89	57	29	71



BOSTON STATE HOSPITAL  
SERIOUS ACCIDENTS TO PATIENTS  
A 5 YEAR STUDY

<u>Year</u>	<u>Total</u>	<u>Fractures</u>	<u>Dislocation</u>	<u>Other</u>	
1958	58	55	1	2	1-burn by igniting clothes 1-burned accidentally grass fire (fatal)
1957	67	57 (2 from EST)	0	10	1-suicide hanging (fatal) 1-suicide hanging (unsuccessful) 1-laceration serious 1-jumped to death on Visit 1-fell to death (accidental) 1-drunk detergent 1-choked to death on food 1-struck by car on highway 1-cut throat (nonfatal) 1-suicide hanging fatal
1956	62	52	1	9	1-drunk lye before admission 1-drunk kitchen detergent 1-kicked by patient, ruptured bowel 1-hanging-suicide (fatal) 1-employee raped and murdered by 2 patients 1-skeleton found in woods (death of escaped patient by exposure) 1-drunk cleaning fluid 1-struck by car 1-serious laceration
1955	44	38	1	5	1-ear bitten off by another patient 2 patients hung themselves (fatal) 1-suicide attempt cut throat 1-attendant slashed with knife by patient
1954	89	78	1	10	1-concussion from accidental fall 1-ear bitten off by another patient 1-patient on visit jumped to death 2 patients died as a result of blows from another patient 1-subdural hemorrhage when pushed down by patient 1-teeth knocked out by patient 1-died from exposure on escape status 1-suicide by hanging (fatal) 1-died during EST



#### Frequency of Accidents by wards

1. I Male security
2. H Male geriatric and continued treatment
3. B Geriatric admissions and female geriatrics
4. Rec. Admission Service
5. D Medical - Surgical and Infirmary
6. A Female security

#### Nature of Accidents

Altercations more common on I and A Buildings

Falls most frequent accident on H and B and D

Self Injury - breaking glass and sports etc. Rec.



ACCIDENTS TO EMPLOYEES IN A TWO YEAR PERIOD

<u>Year</u>	<u>July</u> combined	<u>Aug.</u> combined	<u>Sept.</u> combined	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u> combined	<u>Jan.</u>	<u>Feb.</u>	<u>March</u>	<u>April</u>	<u>May</u> combined	<u>June</u>	<u>Total</u>
1958		11		23	11		28	30	96	56		16	271
1957	25		56	no report	19	17	20	11	no report	42	25	28	243*

Patient Assaults

1958		3		7	3	14		11	39	19		7	103
1957	14	30			6	7	11	2		21	11	17	119

Lifting

1958		4		2	0	0		2	11	6		0	25
1957	2	5			3	3	0	2		1	2	1	19

Falls

1958		2		8	1	6		5	19	21		5	67
1957	3	8			3	2	2	6		14	6	5	49

Miscellaneous

1958		2		6	7	8		12	27	10		4	76
1957	6	13			7	5	7	1		6	6	5	56

\*This figure could have been 291 if the 2 nursing reports expressed the average of 24 accidents per month.



PSYCHOLOGY DEPARTMENT - John Arsenian PhD, Director of Psychological Research and Head of the Dept.

PSYCHOLOGICAL TESTING:

Wechsler Bellevue . . . . .	149
Wechsler Adult Intelligence Scale . . . . .	111
Wechsler Memory Scale . . . . .	18
Rorschach Test . . . . .	265
Draw-a-person Test . . . . .	240
Bender Gestalt Test . . . . .	207
Thematic Apperception Test . . . . .	68
Sentence Completion . . . . .	255
Goldstein Color Sorting Test . . . . .	10
Msd. Army Beta, Cole Animal, MMPI, Porteus Maze . . . . .	15

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Total Tests Administered . . . . . 1338

Total Patients Tested . . . . . 312

\*Employees screened with modified sentence completion  
test . . . . . 37

OTHER ACTIVITIES:

Supervision of Psychotherapy . . . . .	148 hours
Group Therapy Performed . . . . .	303 hours
Individual Psychotherapy Performed . . . . .	437 hours
Total Administration . . . . .	108 hours
Research . . . . .	375 hours
Teaching . . . . .	199 hours



## PERSONNEL AND STUDENTS

Mr. William Gregory acting director of the psychology department at Pownal State School, Maine, by prior arrangement between superintendents, Dr. Peter W. Bowman and Dr. Walter E. Barton, joined our staff in the capacity of a special intern for a 6 month period July - December. He came for additional supervised experience in the areas of testing individual and group therapy and was so satisfied as to want to stay the entire year but his services were required in Maine.

Mr. Robert Blanchard who came to us from the Army and stayed short of 3 years resigned as of Sept. 13th to further his academic training.

Mr. Alfred Lowe, formerly a student intern here and subsequently at the Mass. Memorial as a psychologist replaced Mr. Blanchard starting Sept. 30.

Mr. Harold Willey who had come to us on a transfer from Bridgewater in June 1956 returned to Bridgewater in Nov. 1957.

Mrs. Judith Sharir, John Papajohn and Marvin Colter, three advanced graduate students from Boston University, were with us as part-time interns for the academic year October to May. Mr. Colter started later in February.

Miss Lee Campbell, doctoral candidate in the clinical program of the Department of Social Relations, Harvard, joined our staff as a psychologist on June 9th filling the block vacated by Mr. Willey.



## PROFESSIONAL MEMBERSHIPS - OFFICES AND AFFILIATIONS

John Arsenian became a fellow member and was elected to the Board of Directors of the Massachusetts Psychological Association. He also became a member of the New York Academy of Sciences.

Mr. Olaf Johnson of the Briggs Clinic held the office of Secretary to the Mass. Society of Psychologists in state service and Mr. Peter Magazu served this group as chairman of its committee on legislation.

John Arsenian continued in the following affiliations:

Assistant Prof. - Clinical Psychology, Boston University graduate school.

Research Associate in clinical psychology. Department of Social Relations - Harvard University.

Research Associate in psychology - Harvard Medical School.

Instructor - Boston School of Occupational Therapy.

## EVALUATION

The psychology department would judge its year a satisfactory one. We like to suppose that what we lack in size and elegance we make up for in work and intimacy.

However, it still follows that more personnel attached to the psychology section as requested in the supplementary budget would strengthen the department. There is, for example, unmistakably a place for a principal psychologist on both male and female continued treatment service. And another psychologist of supervisory level competence was found wanting in an outside appraisal of our situation.



Also despite efficient typing by the Reception Record Room, we renewed our request for a junior clerk who could serve to answer the phone and do such typing as we require, file our records, and generally serve to make our service more efficient. Although this too has been a subject for prior budgetary requests, it has not as yet been realized.



SOCIAL SERVICE DEPARTMENT - Elizabeth Eckhoff, M.S.  
Head Social Worker

Organization

Under a Head Psychiatric Social Worker, there are 12 Psychiatric Social Workers and 2 Assistant Workers, with two students from the Schools of Social Work, assigned here all year. They have a Senior Clerk and Stenographer and a Junior Clerk and Typist to assist with the office work.

Social workers are assigned to the six major services of the hospital, for example, there are 2 assigned to each of the Reception Services and 2 to the Briggs Clinic, etc.

Function

Intake - Patients newly admitted who must remain involuntarily require a commitment permit signed by the family, approving their remaining in the institution. This requires much foot work on the part of the social worker.

Histories taken by residents must be amplified to get certain information about patients as a background on which to develop the treatment plan. Services must also be given to families who have lost the breadwinner or the homemaker; in the case of the latter, social agencies' help must be sought to supply someone to care for families while the mother is in the institution. Financial arrangements must be made to support the family if the breadwinner is in the hospital. There is also help needed for families to understand the nature of hostilities and aggressive acts by patients, or their disinterest. They must also be prepared for the fact that the patient will soon improve and be expected to return to the home where troubles which caused the stress in the past, must be brought in to the open and worked



with if there is to be any real improvement.

### Therapy

Social workers do case work with individual patients and with groups of patients, to deal particularly with their attitudes and their social problems. Case work is also done with families, either individually or in groups, for the patient's illness is often a part of the total problem within the family structure.

### Rehabilitation

When a patient begins to improve and his discharge is imminent, he may need assistance in job placement. In this instance, liason is established with the United States Employment Service, and their placement workers. Perhaps job training will be necessary to get a different kind of work to solve stressful problems. In this instance, the Vocational Rehabilitation Counsellor of the Rehabilitation Commission will be of assistance. Some patients can go in to Family Care. Patients who have improved for return to the community, may go to protection of a family group other than their own. In this instance, their board is paid by the hospital during the time they need to make an adjustment.

After Care programs also are the Social Service responsibility. They make community visits to both the patient and the home to insure that the treatment plan is working well and they may continue treatment with the family after the patient leaves, while the patient is in therapy with the psychiatrist.



### New Programs

For the past few years, in cooperation with the Harvard School of Public Health, Dr. Ozzie Simmons and his group have been conducting a study in to the Community Aspects of Rehabilitation to discover the facts that help and hinder rehabilitation. Social workers and sociologists play an important role in this study.

The Home Care Project will involve social workers in a more intensive way than heretofore. In this plan, shortly to begin, Dr. Tobias Friedman and Miss Phyllis Rolfe, social workers, will visit the homes in the part of the city selected for the study and attempt to treat the patient and his family in the home setting; when necessary, they will leave a nurse in the situation over night. Every effort will be made to keep as many patients as possible on an out-patient treatment status rather than to admit them to the hospital initially.

An After Care Program is evolving rapidly to meet growing needs in this field. More and more attention is being paid to the total family situation and to the need of patients when they leave the hospital for continuing support and therapy to prevent relapse, when the old stresses in the home reassert their pressures.

Day Care plan also will develop shortly. In this plan patients who live at home will come to the hospital for a full day of treatment. Social workers will plan an active role in insuring family cooperation and patient participation in the total planning.

### Problems

1. Shortage of trained workers. As in all the health services, there is an acute shortage of trained psychiatric social



workers. There are just not enough social workers to go around. One of the reasons contributing to the shortage in the state hospital is the restrictive influence of Civil Service requirements. There is little inclination on the part of the recent graduate of a school of Social Work to fuss around with the uncertainty of temporary appointments and Civil Service examinations for a job that pays no more than those in family agencies where the work pressure is less strenuous and the requirements of the job more compatible with their interests. Closely allied to the shortage of trained workers in mental hospitals is the inadequacy of trained case work supervisors. Recent graduates will go to a place where they can continue their professional growth under the guidance of experienced staff workers. In order to keep staff workers, an intermediary grade of case work supervisor is needed in order to attract and hold experienced workers for this purpose. Civil Service works at cross purposes to this objective by elevating to the position of supervisor, through the seniority rule, those who have not been particularly outstanding in their performance. Usually the outstanding ones go elsewhere to become Head Social Workers or agency leaders.

2. Physical Facilities. The limited office space on the ground floor of Reception Building has been outgrown. There is just not enough private interviewing and office space so that the social workers can adequately function. Furthermore, the surroundings here are uncomfortable due to ventilation and hot steam pipes. The further discomfort is induced by the inadequacy of telephone coverage. A social worker, because



of the nature of her business, needs a telephone on her desk that will connect her with the outside and the agencies with which she constantly works.

3. Travel Limitations. Social workers have available for their use one hospital car. Not every social worker knows how to drive a car and has a driver's license. As a consequence, not all can use it and they are forced to use public transportation. Those who do drive would like to be able to use their own cars and be compensated for the mileage travelled. This has not been possible under limited State budgets.
4. Family Care. There is need to expand the Family Care program for it relieves bed capacity and is a step forward for patients as they return to more normal community life. It requires an enormous amount of time to supervise properly patients in the community. An additional social worker would be required to develop this program.
5. A Half Way Facility. Several States have found a Half-Way House, operated by some community agency for patients without adequate home provisions, may gain strength in group living, to be a most desirable adjunct to hospital treatment. The Boston Psychopathic Hospital has one which has been operating successfully for the past year. This hospital, too, needs this assistance.



6. Expansion of the Staff. In our budget for 1959 and 1960, we have asked for an additional Head Worker to develop the After Care Program and its liason with community agencies more fully and for 6 staff Psychiatric Social Workers in order to accelerate the return of patients who have recovered from their illness to the community without the long wait now required until their complicated social problems can be solved.



RESEARCH DIVISION - James Mann M.D. Director of Research

Consultants in Research     Roy G. Hoskins M.D.

William B. Castle M.D.

Elvin Semrad M.D.

Because an excellent summary of the Research activities of the Boston State Hospital appeared in a recent issue of the Boston news, we have incorporated a copy of it into this report. We have summarized the research activities briefly below and have appended new and more detailed reports where indicated. There are eight departments in the division.

1. Psychotherapy Unit, Psychological Research (Referred to by a title I have been unable to get changed thru the years "Biochemistry of the Blood") 6 staff positions financed from the Dept. of Mental Health. Urgently needed is a Director of Psychiatry (Research). Adequate planning, preparation of protocols, details of the experimental design, and supervision and coordination of research activities are needed. The Director of Psychiatry - Clinical Director and the Superintendant with the help of the Director of Psychological research now divide this responsibility. All have heavy duties that more than occupy their full time. A Research Director could also develop new projects, for which we now have no time to work out details. Money is available for the projects without State support if the position is granted.
2. The Neurobiologic Research Dept. - Dr. Leo Alexander Director. New England Foundation For Multiple Sclerosis and private funds finance it.



3. Rehabilitation Research in cooperation with the Harvard School of Public Health  
Dr. Ralph Notman - Director of In Patient Project  
Dr. Ozzie Simmons - Director of Community Project  
N.I.M.H. Financed
4. Home Care Research - in cooperation with Boston University Medical School
5. Geriatric Research - in cooperation with Boston University Medical School
6. Motion Picture Research - in cooperation with Boston University Medical School  
Home Care Director Dr. Tobias Friedman  
Geriatric Director Dr. David Blau  
Motion Picture Director Dr. Floyd Cornelison  
The first two are financed by N.I.M.H., the latter from B.U.
7. Clinical Research - Dr. James Mann and associates,  
Laboratory by Dr. Naomi Raskin  
Special projects on drugs from financing by chemical companies.
8. Cooperative Research - Conducted primarily by another hospital or agency from their resources but using our facilities and / or patients.



# BOSTHO-NEWS

**Boston State Hospital**

**Boston 24, Massachusetts**

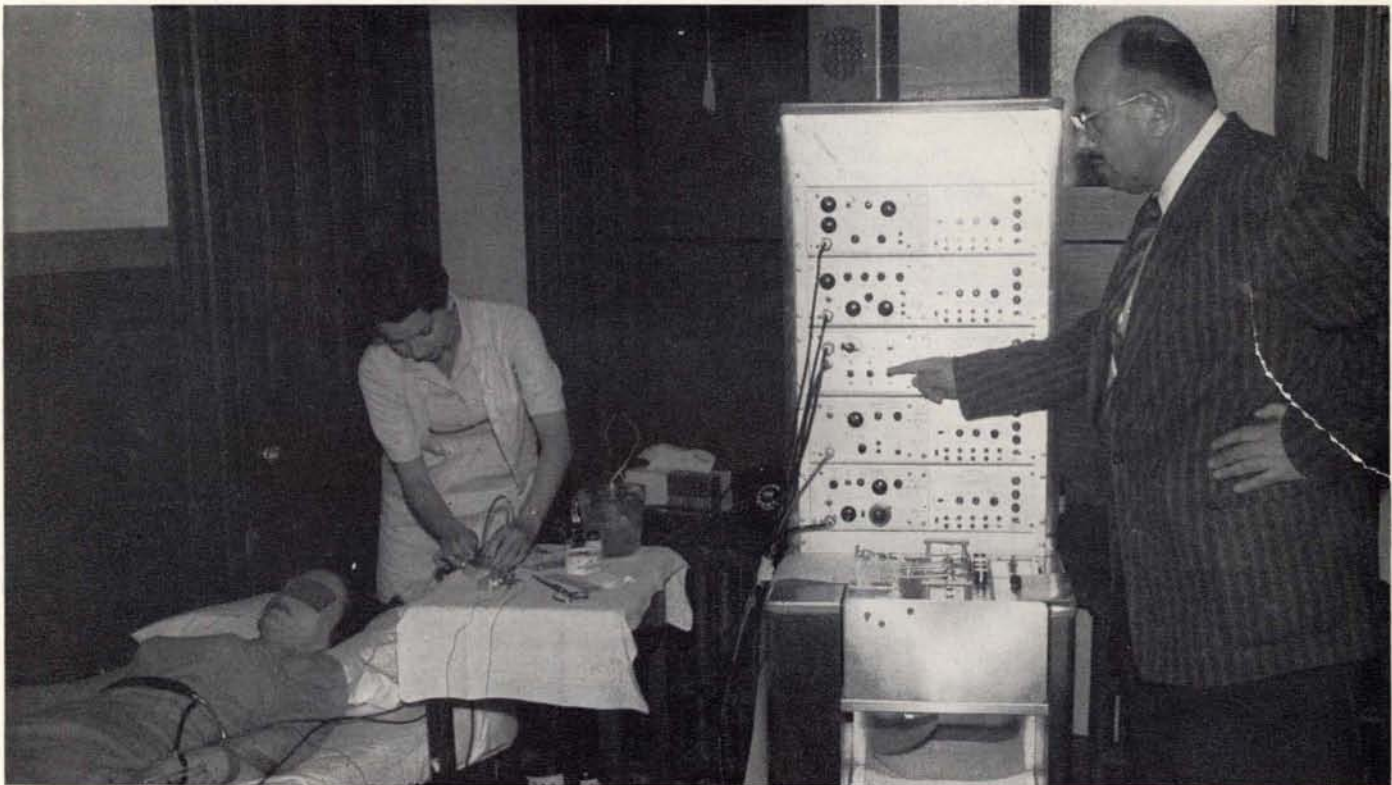
VOL. VI

JULY, 1958

NO. 3

## RESEARCH PAYS BIG DIVIDENDS

Current Research at Boston State Hospital



Dr. Leo Alexander and his technician are shown demonstrating the complex new testing instrument designed to chart the brain wave, the electro-cardiograph, the respiratory rate, and the psychogalvanic reflex.

### MEDICAL RESEARCH PAYS ENORMOUS DIVIDENDS

### PROGNOSIS AND TREATMENT OF MULTIPLE SCLEROSIS: QUANTITATIVE NOSOMETRIC STUDY

Few will dispute our contention that our treatment of the mentally ill in this country still smacks of negativism, superstition, and unimaginativeness. The much heralded genius of American productive economy, so daring in the fashioning of hosts of mechanical gadgets up to and including electronically controlled weapons of destruction, falters badly when confronted with the basic problems involved in understanding the complexities of the mind and emotion.

Successive waves of reform have helped to some degree in bettering the physical housing of those afflicted with ills of the mind, but the big job of accumulating a body of scientific knowledge, and a large corps of practitioners capable of dispensing it, still lies ahead of us.

Is research a good investment? In the incredibly short period of eight years, medical research has added five years to

LEO ALEXANDER, M.D.,  
AUSTIN W. BERKELEY, Ph.D.  
and ALENE M. ALEXANDER, Boston

The introduction of a quantitative method and its systematic use over eight years has supplied data suitable for quantitative statistical analysis. A total of 5,635 scored neurological examinations were carried out on 554 patients with multiple sclerosis. Observation extended up to eight years. Each examination was scored quantitatively, and reliability coefficients of 0.95 or better were established. Plotting of the scores allowed a graphic representation of the course of the disease in time, and observations were made over a duration span of illness up to 25 years.

The general course of the illness was

studied for all patients as well as for specific subgroups distinguished by sex and age at onset of disease and by inclusion in various treatment and control groups. We have established evidence that a severe and a mild form of the disease exist, although there is some overlap between these two groups. On the basis of our quantitative method, the severe and the mild cases can be distinguished from the sixth year of the disease onward, since the relatively most active progression of the disease takes place during the first five years. Evaluation of treatment, therefore, requires comparison with carefully matched controls. Studied in this way, the only treatments showing an objective quantitative effect on the course of the illness were repeated blood transfusions and corticotropin (ACTH) therapy; the effect of the latter was maintained over periods now approaching four years.

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We congratulate Dr. Leo Alexander  
(Continued on Page 4, Col. 2)



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SOME THOUGHTS ABOUT  
RESEARCH AT BOSTON STATE  
HOSPITAL

JAMES MANN, M.D.

As Director of Psychiatry, the need to be in close contact with all research projects is manifest. There is also the need for one in this position to formulate a philosophy of research which will serve as a guide, in general terms, for all research activities.

A brief formulation of this philosophy goes beyond the necessary ethical and moral restrictions which are part of all medical research and reaches toward the conception that the illnesses of our patients essentially involve problems of living with ones fellows. Our basic research need and interest, therefore, is to devote ourselves to a fuller understanding of all the complexities of human behavior especially those aspects of behavior which are motivated in ways and for reasons outside ones conscious awareness. We need to understand, therefore, the most subtle and at the same time, the highest form of human activity, namely, mental life. Here we are involved in the major difference between man and other forms of life.

All the varieties of psychiatric research including the biochemical and neurophysiological must eventually test their validity and their usefulness by answering at least two questions: (1) Do the results of the research throw further light on the nature of human behavior and (2) Can the results be applied with the aim of helping patients *get along better with other people*.

This suggests, of course, that we do not favor research which seeks to induce changes in the patient at the expense of reducing the patient's capacity for reaching out to his fellows. It suggests, further, that in the present state of our knowledge, psychotherapy is both our basic

treatment method and our basic research tool. By psychotherapy we mean helping a patient to better understand the motives leading to his behavior and the meaning of his expressed behavior, so that he may achieve a more reasonable balance between his inner needs and the demands of his environment. In this method of research and treatment we subscribe to the dictum that the proper study of man is man himself. This kind of research and treatment is time consuming, highly personalized and difficult but then the object of our research, the total person, is highly complex, highly personalized and not easily changed.

## RESEARCH PAYS

(Continued from Page 1, Col. 1)

the life expectancy of the average American. The many research discoveries put into use since 1944 include penicillin, streptomycin, aureomycin, chloromycetin, terramycin, ACTH, and cortisone!

Turning to psychiatric research, there is the ever-increasing conquest of paresis. The introduction of penicillin and the subsequent drop in admissions of paresis to mental hospitals is now one of the great chapters in modern medical research.

The victory over pellegra psychosis is an even more dramatic story. In the 20's and 30's, pellegra caused more than 10,000 deaths a year. A brilliant researcher from Alabama devoted fifteen years to tracking down the cause of this disease, pinning it down to one physiological cause, a deficiency due to the lack of niacin. So rapid and remarkable was the conquest of this once "incurable" disease that in 1952 there were only 51 deaths, due to pellegra, in the U.S.

And recently, the dread disease of epilepsy has yielded more and more ground as research has produced new diagnostic and treatment tools. Neurological research has produced the electroencephalograph, whose measurement of brain waves demonstrated that epilepsy is a disorder of the energy and economy of brain cells. Further research disclosed that the aberrant activity of these cells could be controlled by chemical means, and such drugs as triodine and dilantin have proved successful in reducing the number and severity of seizures so that, today, 80% of known epileptics can lead normal lives, and thousands of victims who would formerly have spent a lifetime in some mental institution are now productive citizens of their community.

There are many more exceedingly promising research attacks upon mental illness. Fascinating possibilities are beginning to develop that may lead to further insight and understanding of major psychiatric disorders. A substance known as serotonin has been found to be increased in the brains of those with acute mental illnesses. Taraxine, a substance found in the blood of schizophrenics, will produce symptoms of mental illness when injected into the bloodstream of a normally healthy subject. Research carried on in Worcester shows that the body de-

velops norepinephrine in excess during emotional stress. These biochemical clues are being studied to learn more about the possible chemicals that may develop, or hold in check, substances that produce mental symptoms.

Undulant fever, hypertension and other physical ailments are being studied relentlessly, for in many cases of mental illness it is believed that, what was thought to be psychological in character is actually due to *psychological* causes!

Alcoholism, polio, cancer, the causes and effects of atomic radiation . . . and many more diseases are being pursued day and night. There is little doubt, then, that research is a blue-chip investment paying enormous dividends. Even the prevention of mental illness in a few hundred citizens pays off at a huge rate. How much we can save, in both human life and productivity, if only we would push petty resistances aside and really get on with the job! Research takes money, the money comes from the taxpayers and they are entitled to an accounting. And if Mr. Taxpayer knows his money is being spent wisely he is reassured, happy to have contributed to the elimination of a national scourge which is no respecter of race, religion or creed.

Despite the lack of finances, despite the hardships, dedicated men and women still toil, grope, search out and find the answers to the complexities of life. This issue of the BOSTHO-NEWS is dedicated to these medical detectives, in gratitude for their selflessness and ideals, with the hope that every citizen will be stirred by their efforts and rally to their cause.

SELF-CONFRONTATION:  
A STUDY OF PSYCHOTIC  
THINKING AND BEHAVIOR  
EMPLOYING PHOTOGRAPHIC  
SELF-IMAGES

FLOYD S. CORNELISON, JR., M.D. (M), Instructor in Psychiatry; and JEAN ARSENIAN, Ph.D., Assistant in Research (Psychology): Division of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, et al.

That self-knowledge is a worthwhile endeavor is pointed out in literature, philosophy, and medical psychology. Insight gained in psychotherapy depends to some extent on the capacity to relate to persons as objects outside self. In Self-Confrontation Experience the patient is afforded an opportunity to relate to a part of his own self-image.

Whether or not the psychotic person is aware of his deviation from normal, whether or not he likes or dislikes the image of himself when ill — these and related problems are considered in this initial study of self-confrontation during psychosis.

Dr. Cornelison reports the findings from observations of sixteen actively psychotic hospitalized patients. Seven female subjects saw sound motion pictures and still photographs of themselves at

(Continued on Page 8, Col. 2)



## GERIATRIC RESEARCH PROJECT

On June 1st of 1958, the newest of the research projects at Boston State Hospital became active. This project, entitled, "Determination of Need for Psychiatric Hospitalization for Geriatric Patients" is financed by the National Institute of Mental Health. The staff who work at the Boston State Hospital will be on the payroll of the Boston University School of Medicine. Dr. Roy G. Hoskins and Dr. Ruth Ehrenberg are Co-Directors of the program, with Dr. Walter E. Barton.

The staff will consist of a full time psychiatrist, Dr. David Blau, a Research Psychiatric Social Worker, Miss Jacqueline West, a Principal Psychologist, Miss Marjorie E. Kettell, Mr. Malcolm Arth, a Social Scientist, and a Senior Clerk and Stenographer, Mrs. Anita P. Grover.

The primary purpose of the study is to conduct a survey to determine the criteria used by different agencies in making referrals for institutional care of older persons and to study the patients themselves to learn more about their needs. Patients admitted to the Boston State Hospital, to the Pearl Geriatric Clinic of the Peter Bent Brigham Hospital, and to Nursing Homes through the Division of Hospital Facilities of the Massachusetts State Department of Public Health will be studied.

A searching psychiatric examination will be made along with appropriate psychological tests of intelligence of projective type of memory and of aspirations. Careful physical examinations and neurological studies with determinations of nutritional and endocrine conditions will be made, as well as evaluations of sight and hearing. The social and economic status of each patient will be evaluated, including determinations of his relationships to his group, his church, community support, in short, the adequacy of the situation in which the patient lives, to meet his personal needs.

We believe that such a study should prove most helpful in being able to plan effectively for patient care. Many believe that it would not be appropriate to expand institutional facilities for older persons according to traditional State hospital practice. The regimentation and the lack of specialized facilities do harm to the needs, we believe, older citizens have. They need to retain their self-esteem and self confidence and sense of personal identity. They need a sense of belonging to a group, a church, and a community. They do not easily adjust to change.

We would think the study might demonstrate the feasibility of constructing community services that would meet the needs of older patients while maintaining them in their own homes. Special critical events might possibly be handled through clinic facilities or through brief periods of hospitalization. On the basis of Phase I of this research effort, it is hoped there will emerge hypotheses that can be tested in the second phase through a clinical demonstration.



Dr. James Mann, Director of Psychiatry, and Dr. David Blau confer regarding new Geriatric Research Project which is headed by Dr. Blau.

## RESEARCH INTERESTS CURRENT IN THE PSYCHOLOGY DEPARTMENT

### 1. *Afterthoughts on Murder.*

What goes on in the minds of those who by accident or intent have killed? A small study of the fantasy of those apprehended following homicide demonstrated that the minds of such persons tend to be preoccupied with thoughts of "undoing" and "re-doing". As might be expected, they dream the dread event did not happen, or it happened with a different outcome. Sometimes it is the self who is the victim rather than the other one. Some fantasies have the theme of restitution in them — the roles are reversed and the old code of a life for a life is fulfilled.

Alternative fantasies are built on denial and flight: it never happened, the actor was not there — he was or is going far away, or again his whole life took such a course as never to have allowed his path to cross that of the victim.

It is hoped something more of the complex psychology of guilt and the psychological need for punishment may come from this study being done by Dr. Arsenian and Mr. Blanchard.

### 2. *Situations in life conducive to nervous breakdowns.*

When and about what problems in life do people develop nervous breakdowns?

Summaries of the life histories of many patients have been reviewed focusing on what was found too much to bear or impossible to do, so that a nervous breakdown followed.

For example, there are young people who are awkward about finding a mate, perhaps because they are afraid of marriage or feel they have something more to get from their parents before they are

ready for such a step. Or there are newly married people from large families or jealous families. For the first time they have a situation of love which they did not have to share and all goes well. With the coming of children, some intensely dependent persons have difficulties as they are again called upon to share, and accept a situation of not being the only one.

Typical crises which lead to breakdowns are being reviewed in all age groups with the hope that if these are better understood, some ways of more successfully dealing with them can be discerned.

This investigation is being done by Dr. Arsenian with materials gathered from case conferences directed by Dr. Elvin Semrad and Dr. James Mann.

### 3. *Double think and dream talk.*

What do patients mean when they talk in uncommon ways and words? The language of chronically ill patients who were in group therapy sessions over a period of years was studied to understand how patients express themselves.

The impression is that the language of patients is most similar to the language of the dream. The strangeness, the use of symbols, the condensation of several images or words into a new word, the lack of feeling attached to emotional words while common words carry strong feelings — these are some common features. The further possibility that some ideas are too frightening to be expressed directly and have to be disguised both from the patient's understanding and from any outsider is also common to dream language and schizophrenia.

These and other aspects of the communications of patients are being studied by Dr. Arsenian and Dr. Semrad.

### 4. *Performance under stress.*

People react differently under stressful situations. The work of some gets

(Continued on Page 4, Col. 3)



### Reductions in Percentage of Deaths Via Benefits of Medical Research 1944-1952

Influenza . . . . .	77%
Appendicitis . . . . .	69%
Acute Rheumatic Fever . . . . .	66%
Syphilis . . . . .	56%
Tuberculosis . . . . .	50%
Pneumonia . . . . .	50%
Kidney Diseases . . . . .	43%

1. Medical Research saved 845,014 American lives during this 8 year period!
2. These 845,014 individuals earned and added approximately \$1,488,000,000 to our national income in 1952 alone!
3. The Federal Treasury received approximately \$234,000,000 income and excise tax receipts!
4. Medical research has returned \$7.00 in Federal Taxes for every \$1.00 appropriated for and spent by the U.S. Public Health Service!

### What Are the Facts About Mental Illness?

1. An estimated 16,000,000 people in the U.S. are suffering from some form of mental illness.
2. Slightly more than *one out of every two* hospital beds in the U.S. is occupied by a mental patient.
3. 97.8% of all mental patients are in public hospitals (state, county, city, V.A.).
4. Total maintenance expenditures of public mental hospitals in fiscal 1956 were \$662,146,372.
5. Approximately \$27,265,577 is being spent for research on mental health by the states and by the major federal and national voluntary agencies interested in mental health. On the basis of 740,295 patients in psychiatric hospitals in 1955, this would indicate that the amount spent for research per individual hospital case, employing Federal, State, national voluntary health agency, and other private funds, is only approximately \$3.00. (The nation spent \$10,129,000,000 — OVER FOUR HUNDRED TIMES AS MUCH — for alcoholic beverages alone in 1955, an average of \$61.76 annually per each man, woman, and child! We are spending about 16¢ annually per each man, woman, and child in the U.S. for research against mental illness!)
6. Mental illness is costing the Nation over \$4,000,000,000 annually. Yet our annual research investment to combat this toll is less than 1% of this cost! (The Standard Oil Company of N.J., through its affiliates — chiefly Esso Research & Engineering Company — spent

\$35,300,000 for expanded research in 1955).

Thus some of the *urgent needs* in the mental health field include:

- a. *More funds for research* from Federal and State Governments and voluntary agencies to discover cures and better methods of care and treatment.
- b. *Training of additional psychiatrists, psychiatric social workers, nurses* to take more efficient care of the increasing numbers of mentally ill.
- c. *Construction of additional facilities* to relieve overcrowding conditions.

Abstracted from 1957 Report of National Committee Against Mental Illness, Inc.

According to figures compiled by the National Institute of Mental Health, the average length of stay of a mental patient in a state institution is 8 years. Figured at an approximate annual per capita cost of \$1,000, the more than 700,000 patients comprising the average daily mental hospital census in 1957 will cost the nation \$5,500,000,000 (five and a half billion dollars) before they are discharged! This represents a loss of more than \$16,000,000,000 (sixteen billion dollars) these people could have earned over the eight year hospital span, which would have resulted in Federal income taxes totaling several hundred million dollars on these earnings!

We are still spending about \$4.00 a day to feed, clothe, and give "medical care" to our mentally ill. By contrast, we spend more than \$22.00 a day for those suffering from physical ailments and bedded down in our general hospitals.

Because 97% of the nation's mentally ill are in tax-supported hospitals, it costs the American people more than one billion dollars a year to care for them. And the cost is rising at the gigantic rate of one billion dollars a year, with no end in sight.

No less than 654,000 man-years are lost each year in industry to heart disease disabilities. According to the U.S. Department of Commerce, this meant a loss to our economy of more than two billion dollars in the year of 1957 alone.

### MULTIPLE SCLEROSIS

(Continued from Page 1, Col. 3)

on the publication of his new book, *Objective Approaches to Treatment in Psychiatry* (Chas. C. Thomas, Springfield, Ill. 140 pages.) His monograph is one of the American Lectures in Objective Psychiatry Series edited by Dr. W. Horsey Gannt. Chapter headings include: THE DIAGNOSTIC FEATURES OF MENTAL DISORDERS. THE CLINICAL GROUPINGS OF MENTAL ILLNESS BY MEANS OF AUTOMATIC TEST RESPONSES. THE TREATMENT OF CERTAIN MENTAL ILLNESSES BY MEANS OF PSYCHIATRIC ELECTRO-THERAPY, DRUG THERAPY,

### FRONTAL LOBOTOMY, AND PSYCHOTHERAPY.

Dr. Alexander is presently using a newly-designed test instrument (see photo) which is a variety of the polygraph constructed to his order by the Grass Instrument Company, that simultaneously charts the brain wave, the electro-cardiograph, the respiratory rate, and the psychogalvanic reflex. This machine also uses the conditioned-reflex response to tone and shock stimulus. The machine studies the different responses in a variety of mental disorders to learn more about their physiology.

It will also be used to learn more about the action of different drugs now used so widely in the treatment of mental disorders.

### APPROPRIATIONS FOR RESEARCH AT BOSTON STATE HOSPITAL

The total monies available for Research at Boston State Hospital during the current year are \$292,125.

The State appropriated about \$40,000. The rest of the money came from the Federal government, and the National Institute of Mental Health. For flexibility in the conduct of Research, grants are made to Harvard Medical School and to Boston University College of Medicine.

### RESEARCH IN PSYCHOLOGY DEPT.

(Continued from Page 3, Col. 3)

better, some stay at the same level and some get worse.

Mr. Alfred Lowe is attempting to find out what kind of personalities do what.

#### 5. Reactions to the loss of a leader.

In group therapy work, leaders may change while the members remain the same. An intensive effort was made to find out from a group how they felt about the departure of Mr. Joseph Goller, for two years a group leader. Mr. Peter Magazu, who became the new leader, collaborated in this investigation.

#### 6. How the situation affects the roles of members of small groups.

Commonly people are expected to behave in groups as they behave anywhere. Observations of small training groups suggests that some situations in small groups may be the determining force for some roles. The situation rather than dominant personality traits may explain who does what. This possibility is being investigated by Dr. Arsenian and Dr. Semrad.

#### 7. How thiorazine effects speed of reaction of normal subjects.

A careful experimental study of the effects of various doses of thiorazine at various intervals of time demonstrated that thiorazine has a slowing effect which reaches a peak at about 3 hours and varies with strength of the dose.

Dr. Richard Brody, assisted medically by Dr. David Blau, did the study.



## PSYCHIATRIC HOME TREATMENT SERVICE

It is estimated that perhaps 35% of all new admissions to mental hospitals could be cared for at home if supportive treatment were available for the sick individual, and other members in the immediate family setting.

Reasons for this belief, as it affects major mental illnesses, are based on:

1. Lack of motivation to seek out-patient care early. (Many families deny the presence of abnormal behavior, until a crisis forces hospitalization)
2. A patient on an out-patient status becoming apprehensive and getting worse, may stop treatment. (Clinics usually do not visit)
3. No agency functioning between the home and mental hospital, to diagnose family crisis and initiate activity toward treatment.
4. Family physicians are often not helpful.
5. Private psychiatrists and private psychiatric care is too expensive.
6. Clinics have long waiting lists.
7. Relatives, who share in the development of stress, are not usually involved in treatment.

Hospital stay could be shortened for nearly 25% of all newly admitted patients to mental hospitals if the family is in treatment early. The public would support, with enthusiasm, any change from the traditional pattern of mental hospital care. And so, Boston State Hospital, in cooperation with the Boston University School of Medicine and financed by the National Institute of Mental Health, are working on a three year project to provide Psychiatric Home Treatment Service to the community.

Dr. Tobias Friedman, of Boston State Hospital, is head of a team of nine professional associates who will carry out this project in a Boston community of 100,000 citizens, (Dorchester) who belong, predominantly, in the middle and lower class families with mixed ethnic and religious backgrounds.

An emergency team, consisting of a doctor and a psychiatric social worker, will make home visits when a patient is referred for hospital care. If necessary, a nurse can be left in the home to care for the patient until further evaluation can be made.

Preliminary work began on the project in 1956. This was an exploratory phase to the formal project which began in September of 1957. This study will seek the answer to questions like these. To what community clinics, agencies, or doctors do people turn for help when mental illness develops of such severity as to require hospital treatment? What forms of illness require immediate hospitalization? What forms can be cared for in the home with the help of visits from a psychiatrist and a social worker? Can home visits, in fact, serve to handle mental illness? How will the team function in the home? How many visits are neces-



Miss Phyllis Rolfe, Psychiatric Social Worker, and Dr. Tobias Friedman, make a house call as a part of their daily work with Home Treatment Service.

sary before a patient can be referred for out-patient care? What other agencies are there that can help maintain the patient in his home? Will the unit serve as the coordinating agency to mobilize the available treatment resources now present in the community?

Another aspect of the study will seek to explore how greater use may be made of general hospitals. It is quite possible that some patients may be cared for with a short period in a general hospital as a phase in the total treatment program. The study will also explore the feasibility of emergency coverage of the Home Care Service by psychiatrists on a fee-for-service basis. It is important to know what role a community psychiatrist could play in an emergency treatment plan.

It is interesting to note that Dr. A. Querido, the Professor of Social Medicine at the University of Amsterdam, told, in the Journal of the American Medical Association for January, 1955, of his 25 years of experience with a home treatment program in Holland. He found that 25% of the patient treated in this way were never admitted to the hospital and 25% could be sent directly to general hospitals. He saw some 6,000 patients in a year with the help of 10 doctors and 20 social workers. It cost the government \$70,000 a year to maintain this service. The City of Amsterdam was divided into 8 sectors with a psychiatrist, social worker team based in each area.

In the trials, begun in 1956 at Boston State Hospital, it was found that about half of the patients had been previously

in an out-patient clinic. 25% came from parental families, while 30% lived with wives and 10% with siblings. Some lived alone. About one-third of those studied had contact with social agencies who were aware of the problem. It was noted that many families turned to the police when a crisis developed. One of the principal obstacles to be overcome presently, is the channelling of calls for hospitalization from the Dorchester study area, from the police to the Home Care Service.

The Home Care Service should be of assistance to Dorchester physicians, to the police, social agencies, ministers, and community groups, as a source of assistance to help maintain the patient in the community, utilizing all existing community resources for the active treatment of the patient in his home whenever possible.

## NEW JOB FOR DR. McCARTHY

Dr. William McCarthy, Senior Psychiatrist in charge of the Women's Continued Treatment Service, has accepted a post August 4th with the Psychiatric Home Service Research Project. The Home Care unit is expanding its staff in order to meet 24 hour calls for emergency service when the need for hospitalization develops in Dorchester. Dr. McCarthy will continue to supervise Psychiatric Residents in training.



## REGARDING DEPRESSION

LEO ALEXANDER, M.D.\*

DEPRESSION may be defined as a state of sadness, characterized by self-reproaches, psychomotor inhibitions, and disturbances of sleep and appetite.

DEPRESSION is one of the most common emotional illnesses.

DEPRESSION is the most difficult emotional illness to diagnose. For every depression diagnosed correctly, an estimated five cases go unrecognized.

DEPRESSION masquerades behind symptoms characteristic of almost any organic disease; responsibility for initial recognition, therefore, rests most often with the general practitioner.

DEPRESSION even in its mildest form, presents the danger of suicide.

A) perception of traumatic issue evokes warning anxiety (or guilt).

B) the anxiety, rather than signalling ego into appropriate action, dominates and floods it so that the ego cannot deal effectively with the traumatic tissue (primary traumatic neurosis).

C) flooded with excessive emergency effect (anxiety, guilt, or rage) the ego capitulates:

1. *to panic*: when the stimulation results in traumatic disorganization of the ego.

2. *to depression*: when the stimulation is supramaximal for the ego structure, resulting in traumatic inhibition (Pavlov's law of paradoxical reaction to supramaximal stimulation).

D) in both *panic* and *depression* vicious cycles are set up:

1. *in panic*: excitation resulting from panic of the ego enhances the anxiety.

2. *in depression*: inhibition acts to inhibit anxiety (there is a striking absence of overt anxiety in several depressed patients).

## CHEMOTHERAPY OF DEPRESSION

With treatment of DEPRESSION by the combined use of meprobamate and benactyzine (2-diethyl-aminoethyl benzilate) hydrochloride, complete and/or social recovery of twenty of the thirty-five patients treated (57%) supervened within one to twenty-five weeks, the average being eight weeks. Side effects were minimal and easily controlled. Patients who did not show some favorable response within six weeks were treated by other means, including electroshock.

Treatment of DEPRESSION by drugs is contingent upon arrangements (either at home or in a hospital) to protect the patient from the risk of suicide. The use of meprobamate-benactyzine treatment for DEPRESSION is recommended as a step which allows those patients to recover (for whom this treatment is sufficient), thus screening out and reducing the number of patients requiring electroshock therapy.

\*Director, Neurobiological Unit, Psychiatric Research Division — BSH Clinical Instructor, Tufts University Medical School.

## NEW RESIDENTS REPORT FOR DUTY AT THE BOSTON STATE HOSPITAL ON JULY 1st.

Name	Medical School	Internship
Gerald L. Brophy, M.D. Hale Giffen, M.D.	U.C.L.A. 1957 Tulane University 1945	Southern Pacific Hospital Southern Pacific Hospital 1 year of Army Psychiatry 1 year Hawaii Maimonides Hospital
Arthur H. Green, M.D.	University of Amsterdam, 1957	
Albert C. Kohlmeyer, M.D. Armand Nicholi, M.D. Bennet F. Markel, M.D.	University of Illinois, 1948 Cornell University, 1956 Yale University School of Medicine, 1957	St. Luke's Hospital Strong Memorial Hospital Philadelphia General Hospital
Bernard Snow, M.D.	Tufts College School of Medicine, 1957	Bronx Municipal Hospital
Courtney Glower, M.D.	St. Louis School of Medicine, 1957	St. Louis Hospital
Richard H. Wolff, M.D.	Temple University School of Medicine, 1956	Lankenau Hospital 1 year at Pennsylvania Hospital in psychiatry
Frank Parodi, M.D.	University of Mexico, 1955	Bayamon District Hospital, Puerto Rico, 1956 Puerto Rico State Hospital, 1 year of psychiatry Brockton V. A. Hospital 1 year of psychiatry
D. Keith Mills, M.D. (Will report late)	University of Western Ontario, 1956	Victoria General Hospital

The staff welcomes back Drs. Alan and Jane Prager, who have completed a year of residency at the Massachusetts Memorial Hospital since leaving us a year ago. Dr. Alan Prager will work at the Briggs Clinic.

Dr. Edwin Davidson on July 1st will assume the position of Senior Psychiatrist in charge of the Male Reception Service, replacing Dr. David Blau, who becomes Director of the Geriatric Research Project. Dr. Davidson has been on the staff of Boston State Hospital since July of 1955 and has been on the Briggs Clinic Staff for the past year.

Dr. and Mrs. Max Geller are leaving, Dr. Geller to assume a post with the United States Public Health Service in Washington, D. C.

Other physicians completing their service here are Dr. Alfred Basamania, who goes to Washington, D. C., and Dr. R. Frederick Shepard, who becomes Medical Director of the Crotchet Mountain Rehabilitation Center in New Hampshire.

Dr. Jonas K. Kolker and Dr. Richard Kahn will leave later in the summer for two years of military service.

Dr. John Mackenzie and his family will return from a year's leave of absence on or about the 14th of August. Dr. Mackenzie has served as the Visiting Professor of Psychiatry at the University of Aberdeen in Scotland during the past year.

Dr. Walter E. Barton will be one of four Massachusetts Mental Health physicians, who will spend six weeks abroad in the Fall. Dr. Malcolm J. Farrell, Superintendent of the Walter E. Fernald State School, Dr. William F. McLaughlin, Superintendent of the Metropolitan State Hospital, and Mrs. Frances Lenehan, Principal Nurse of the Department of Mental Health, will sail on the S. S.

United States September 18th, to visit England, France, Belgium, Holland, Sweden and Germany. They will study methods of care and treatment of mental illness and community psychiatry in these countries. Special emphasis will be placed on the extensions of the mental hospital into the community, rehabilitation and after care services, care of older patients, staffing of hospitals, and training of personnel. It is of interest that some of the best hospitals in the world are in the countries to be visited. Americans are so used to being first, it is difficult for them to appreciate that their mental hospitals are not as well staffed, its personnel as well trained, or its programs as comprehensive as those of mental hospitals in many other countries. This will give an opportunity for the hospital administrators in Massachusetts to study some of the more upward developments in the field.

Dr. Donald T. Devine, who has served as Assistant Superintendent of the hospital for half time during the past year will complete his services on August 13th when Dr. Mackenzie returns from abroad. Dr. Devine, in addition to serving here, has been the Director of the Psychiatric Training Faculty of Massachusetts, Inc., on the staff of the Massachusetts Memorial Hospital, and in private practice. He leaves to enter full time private practice in Milton where he has bought a new home.

Dr. Ruth Ehrenberg, Co-Assistant Superintendent during Dr. Mackenzie's absence, working half time while continuing her duties as Director of the Division of Geriatrics in the Department of Mental Health, when Dr. Mackenzie returns in August, resumes her full time appointment in the Department of Mental Health.



## COOPERATIVE RESEARCH WITH MASS. GENERAL HOSPITAL

MAURICE VICTOR, M.D.  
Harvard Medical School

Dr. Maurice Victor and Dr. George A. Talland have conducted an investigation of the psychological functioning of alcoholic patients suffering from the Korsakoff-Wernicke syndrome. This study has been carried out over the past three years, partly at the Boston State Hospital, but principally in the experimental psychological laboratory of the Massachusetts General Hospital. Most of the 25 patients chosen have been seen about thirty times, so that each visit to the laboratory also meant half a day's outing for them. They were driven there, two at a time, in a taxi, and always looked forward to this occasion.

It is generally known that patients with this disease show very severe memory defects while in other respects they can function reasonably efficiently. Their memory too is comparatively undamaged for events that happened a long time back, at some time before they first succumbed to their illness. They are also somewhat disoriented for place and time, and reputed to "confabulate," i.e., to report imaginary events as if they had really happened, or to displace true experiences from their actual context, and talk of them as if they had occurred at a different time or to different people. Many attempts have been made to explain the highly characteristic disabilities of Korsakoff's psychosis, and the purpose of the study was primarily to survey the various areas of mental functioning so as to determine whether and to what extent patients with this disease show a deficit. Since their condition was in every instance brought on after bouts of excessive drinking, they were compared with other patients who had a history of alcoholism but none of the characteristic symptoms of the Korsakoff-Wernicke syndrome.

The results of the study show that even those twenty-five patients who were selected for their relatively efficient general functioning suffer from some loss or defect in practically every area of cognitive functioning. Although they are very cooperative, courteous, and pleasant to work with, they themselves show very little initiative, and at best succeed in sustaining their interest in one task, or in following simple instructions. When seated in a group they are unable to carry on even the simplest conversation beyond a few initial polite remarks or by answering questions put to them one by one. On the standard intelligence test they score within the average range, because this credits them for the efficient application of knowledge acquired in the past. However, when faced with new tasks they have serious difficulties; they are poor judges of their performance and immediately forget whether they had done well or poorly on some task. Yet, as a rule they are anxious that their performance should be successful and wor-

ried when they have a sense of failure. On many occasions we found these patients better oriented for time and for their location than the standard description of their disease would suggest. However, they had marked difficulties in keeping records of repeated events or of distances between these. For instance, though they easily recognized the examiner after three or more meetings, and some of them accurately recalled his name, when after twenty or more visits to his laboratory they were asked how many times they had been there, the typical answer was once or twice before. They also tended to considerably underestimate the interval that had elapsed since their last visit.

The defects observed in these patients in perception and concept formation as well as in memorizing and learning, have suggested a new formulation of the basic psychological disorder of the Korsakoff-Wernicke syndrome in terms of a reduced capacity in attitude or orientation rather than merely in retention. On the strength of this study the question is also raised whether confabulation is indeed a necessary feature of the syndrome in its chronic phase. Many of the patients studied appeared to function at about the same level of efficiency over the years, a few of them fluctuated, and some showed signs of improvement with time.

### SELF-CONFRONTATION

(Continued from Page 2, Col. 3)

intervals of several days usually for a period of one month. Nine male subjects viewed still photographs of themselves during approximately ten sessions over a period usually of six weeks. Data were compiled from clinical evaluations; ratings of appearance, movement, reactions to people, speech, mood, tension; psychological projective tests; ward progress notes; reports from relatives and follow-up sessions.

All of the patients recognized themselves early in the self-confrontation sessions. Two female patients hospitalized because of psychotic episodes accompanied by pathological affective states, delusions, and gross inappropriate behavior showed striking clinical improvement, which coincided with the Self-Confrontation Experience. Five of the female subjects made progress toward health during the sessions; several showed improved feelings about self-image. Of the nine male patients, three improved clinically; several showed improved feelings about self-image. The female subjects expressed more interest in personal appearance while the male subjects expressed more concern about their physical strength or weakness.

The reactions to the pictures in relation to the hypothesis that psychotic individuals respond to photographic self-images according to their narcissism is discussed. Material is presented suggesting the potential use of the procedure as a research technique and as therapy or as an adjunct to psychotherapy with psychotic patients.

## LABORATORY RESEARCH

NAOMI RASKIN, M.D.  
Pathologist

The primary work at the Boston State Hospital laboratory consists in performing numerous diagnostic tests. The resources of the laboratory are used to establish a correct diagnosis of patient illnesses. The data accumulated are then analyzed, statistics compiled, and conclusions made regarding the cause of disease, the effectiveness of different drugs and their side effects, and the unforeseen complications which may arise due to the patient's allergic sensitivity.

In this era of powerful synthetic drugs, many of which are capable of producing untoward effects on blood, the liver and other organs, if given in large doses, repeated blood counts and other blood tests are done to forestall any fatal complications; these tests determine the danger points. Findings in cases suffering from sensitivity to these drugs have been published by us.

In our hospital, with its large geriatric population, it is natural that our attention was focused on the ailments, and their accompanying organic changes, in our aged patients. The laboratory has undertaken the study of all correlated information and published two papers regarding our findings in senile and arteriosclerotic patients. At the present time, we are working on the study of chemical changes, especially of cholesterol. We subscribe to the opinion that people of advanced age do not die of old age but of illnesses and the results of mental, emotional and physical stresses they have had to endure throughout their lives. Our research is in the sphere of organic changes and methods of prevention and alleviation. Arteriosclerosis, affecting the body and brain, is the most dangerous enemy of man. Thus we are proud of our efforts in helping to combat its deadliness.

The Boston State Hospital's League Festival of Fun was once again a smashing success. On Friday, May 23rd, in the afternoon, 1,000 patients enjoyed free rides and free eats. In the evening, 100 patients were guests of the College Committee who planned a dance in the Recreation Yard. The music provided for dancing was excellent and the night clear and cool. Saturday saw the grounds of the hospital jammed with people, many of whom for the first time were visiting the State hospital grounds and mingling with patients. Sunday's deluge drowned out the carnival and cut short its potential success, depriving many of the opportunity to attend, who had saved this day to come. In spite of the loss of one day's earnings, the profit was in excess of \$12,000 which will be spent by the League for patient recreational projects.

Our congratulations to the League Committee who worked so hard to make this carnival the success that it was.



BOSTON STATE HOSPITAL STAFF

Appointments At

Harvard Medical School Faculty

William B. Castle	Professor of Medicine and Head of Department at Boston City Hospital
Samuel L. Gargill	Assistant Clinical Professor of Medicine
Samuel Stearns	Instructor in Medicine
Philip L. McCarthy	Assistant in Dermatology
Robert T. Long	Research Associate in Psychiatry
James Mann	Instructor in Psychiatry
Fortunato G. Castillo	Teaching Fellow in Psychiatry
Albert M. Starr	Assistant in Surgery
Malvin F. White	Instructor in Surgery
Eugene Guralnick	Assistant in Surgery
Hyman Hershman	Assistant in Surgery
Charles Kent	Assistant in Laryngology

Boston University Medical School Faculty

Richard H. Norton D.D.S. D.M.D.	Professor of Stomatology Emeritus
Jean Arsenian A.B. A.M. Phd	Research Fellow in Psychiatry
Walter E. Barton B.S. M.D.	Associate Professor of Psychiatry
Floyd S. Cornelison B.A.M.D.	Instructor in Psychiatry
Max Day M.D.	Instructor in Psychiatry
Donald T. Devine B.S. M.D.	Assistant in Psychiatry
Ruth Ehrenberg M.D.	Instructor in Psychiatry
Tobias T. Friedman M.D.	Research Fellow in Psychiatry
Davide Limentani M.D.	Instructor in Psychiatry



Joseph P. Lynch A.B. M.D.	Clinical Instructor in Surgery
Irving M. Madoff A.B. M.D.	Clinical Instructor in Surgery
James Mann A.B. M.D.	Assistant Professor of Psychiatry
Harold I. Miller	Associate in Surgery
Alan S. Prager A.B. M.D.	Jr. Teaching Fellow in Psychiatry
Jane P. Prager B.S. M.D.	Jr. Teaching Fellow in Psychiatry
John W. Strieder S.B. M.D.	Clinical Professor of Surgery
Jacob Swartz	Instructor in Psychiatry
Sidney R. Wilke A.B. M.D.	Instructor in Otolaryngology

Clinical Psychiatry II Major Psychosis

24 hours B.S.H. and B.V.A. Drs. Barton, Mann, Day

Clinical Psychiatry B.S.H. 4 weeks clerkship

Tufts University School of Medicine

Walter E. Barton B.S. M.D.	1957 Lecturer in Psychiatry
David Blau B.A. M.D.	1957 Assistant in Psychiatry
Max Day M.D.	1951 Assistant Clinical Professor of Psychiatry
Ruth Ehrenberg M.D.	1956 Assistant in Psychiatry
John M. Mackenzie B.A.M.D.C.M.	1950 Assistant Clinical Professor of Psychiatry
Ralph R. Notman B.A.M.D.C.M.	1950 Clinical Instructor in Psychiatry
Leo Alexander M.D.	1946 Clinical Instructor in Psychiatry
Richard A. Bragdon A.B. M.D.	1954 Clinical Instructor in Orthopedic Surgery



Max L. Brodny M.D.	1939 Assistant Clinical Professor of Urology
William Dameshek M.D.	1925 Professor of Medicine
Edward J. Flynn A.B. M.D.	1932 Assistant Clinical Professor of Surgery
Karl D. Kasparian B.S. M.D.	1946 Senior Clinical Instructor in Surgery
Charles Kent M.D.	1943 Clinical Instructor in Otolaryngology
William Moloney M.D.	1935 Clinical Professor of Medicine
Charles G. Shedd B.C. M.D.	1955 Assistant Clinical Professor of Surgery
Stewart R. Smith A.B. M.D.	1952 Clinical Instructor in Psychiatry
Albert M. Starr A.B. M.D.	1957 Clinical Instructor in Surgery
Warren A. Stearns M.D. Sc.D	1927 Dean (Emeritus) of the School of Medicine
Veronica E.B. Tisza M.D.	1947 Assistant Professor of Pediatrics and of Psychiatry
Malvin F. White D.M.D. M.D.	1946 Associate Clinical Professor of Surgery (Plastic)
Sidney R. Wilker M.D.	1950 Clinical Instructor in Otolaryngology
Harold M. Wolman A.B. M.D.	1955 Clinical Instructor in Psychiatry and in Pediatrics



REHABILITATION RESEARCH - Dr. Ralph Notman, Director

Pilot Study in Rehabilitation and Rehabilitation Personnel

Since its inception in June, 1952, with the support of a National Institute of Mental Health Special Grant, the Pilot Study in Rehabilitation has passed through three major stages. The first, extending up to January 1957, was devoted to the exploratory development of clinical programs utilizing supplementary personnel in the rehabilitation specialties in conjunction with existing hospital staff. This was carried on as a ward based program in four areas of the hospital; the Male and Female Reception Services and the Male and Female Continued-Treatment Services. The second period, extending from January, 1956 to July, 1957 was devoted to continuation of follow-up studies of patients who had returned to the community and to analyses of the experimental programs and the regular hospital program as represented by comparison groups in each of these four areas.

Sector reports by each of the clinical services (nursing, occupational, recreational, industrial and educational therapy, vocational counselling and social service) as well as analyses of specific aspects of the program by the research staff of psychologists, sociologists and anthropologists emerged from the work done during this period, with successive cut backs in staff size as phases of the analysis were completed. The third period from July, 1957 up to the present and projected to continue to January, 1959 has been focused on the integration of the sector reports into a single comprehensive report



in back form on the findings of the Pilot Study. A sharper conceptual model of the rehabilitation process has emerged from the contributions made in each of these areas and in the comprehensive report major emphasis will be placed on exploring and analyzing the implications of this model for program development in the public mental hospital. As a necessary context for such an analysis, a supplementary study of patient population movement has also been in process during this period as an extension of preliminary analyses undertaken during earlier phases of study. These involve study of admissions and readmissions, pressures on hospital bed space and follow-ups of patients released from the hospital to the community and to other types of domiciliary care. Financial support for this third phase of the study has been made possible through a National Institute of Mental Health Career Investigator Grant to Dr. Ralph Notman, who during this period has also been associated with the continuing Community Health Project which, under the directorship of Dr. Ozzie Simmons, is studying the community adjustment of patients following release from hospital. Boston State Hospital is one of the hospitals collaborating in this study. Dr. Notman has also been associated during the past year with the Family Guidance Center, under the direction of Dr. Gerald Caplan. A National Institute of Mental Health Small Grant, awarded in June, 1958, has made possible the addition of a biostatistician to the project to assist in analysis of patient population data.



Psychotherapy - Psychological Research:

Group Leader - Recorder Relationship:

A Learning Tool      Davide Limentani, Miriam Geller  
and Max Day - completed (submitted for publication)  
a discussion of the problems of conflict between  
recorder and leader in group therapy and how they  
may facilitate treatment through cooperation.

Symbiotic Identification in Schizophrenia

Davide Limentani - completed and published.

Some Aspects of Work, Love and Hate in groups.

Max Day - completed and published.

Afterthoughts on Murder.

What goes on in the minds of those who by accident or intent have killed? A small study of the fantasy of those apprehended following homicide demonstrated that the minds of such persons tend to be preoccupied with thoughts of "undoing" and "re-doing". As might be expected, they dream the dread event did not happen, or it happened with a different outcome. Sometimes it is the self who is the victim rather than the other one. Some fantasies have the theme of restitution in them - the roles are reversed and the old code of a life for a life is fulfilled.

Alternative fantasies are built on denial and flight: it never happened, the actor was not there - he was or is going far away, or again his whole life took such a course as never to have allowed his path to cross that of the victim.



It is hoped something more of the complex psychology of guilt and the psychological need for punishment may come from this study being done by Dr. Arsenian and Mr. Blanchard.

Situations in life conducive to nervous breakdown.

When and about what problems in life do people develop nervous breakdowns?

Summaries of the life histories of many patients have been reviewed focusing on what was found too much to bear or impossible to do so that a nervous breakdown followed.

For example, there are young people who are awkward about finding a mate, perhaps because they are afraid of marriage or feel they have something more to get from their parents before they are ready for such a step. Or there are newly married people from large families or jealous families. For the first time they have a situation of love which they did not have to share and all goes well. With the coming of children some intensely dependent persons have difficulty as they are again called upon to share, and accept a situation of not being the only one.

Typical crises which lead to breakdowns are being reviewed in all age groups with the hope that if these are better understood, some way of more successfully dealing with them can be discerned.

This investigation is being done by Dr. Arsenian with materials gathered from case conferences directed by Dr. Elvin Semrad and Dr. James Mann.

Double Think and Dream Talk.

What do patients mean when they talk in uncommon ways and words? The language of chronically ill patients who were in group therapy sessions over a period of years was studied



to understand how patients express themselves.

The impression is that the language of patients is most similar to the language of the dream. The strangeness, the use of symbols, the condensation of several images or words into a new word, the lack of feeling attached to emotional words while common words carry strong feelings -- these are some common features. The further possibility that some ideas are too frightening to be expressed directly and have to be disguised both from the patient's understanding and from any outsider is also common to dream language and schizophrenia.

These and other aspects of the communications of patients are being studied by Dr. Arsenian and Dr. Semrad.

#### Performance under stress.

People react differently under stressful situations. The work of some gets better, some stay at the same level, and some get worse.

Mr. Alfred Lowe is attempting to find out what kind of personalities do what.

#### Reactions to the loss of a leader.

In group therapy work, leaders may change while the members remain the same. An intensive effort was made to find out from a group how they felt about the departure of Mr. Joseph Golner, for two years a group leader. Mr. Peter Magazu, who became the new leader, collaborated in this investigation.



How the situation effects the roles of members of small groups.

Commonly people are expected to behave in groups as they behave anywhere. Observations of small training groups suggests that some situations in small groups may be the determining force for some roles. The situation rather than dominant personality traits may explain who does what. This possibility is being investigated by Dr. Arsenian and Dr. Semrad.

Effect of Thorazine on Motor Performance.

Chester Bennett and M. Richard Brody with Dr. David Blau and Dr. John Arsenian.

A careful experimental study of the effects of various doses of thorazine at various intervals of time demonstrated that thorazine has a slowing effect which reaches a peak at about 3 hours and varies with strength of the dose.



## NEUROBIOLOGIC UNIT AND RESEARCH CLINIC

Leo Alexander, M.D., Director

The year just ended has been a very fruitful one both with regard to the further work done on the Multiple Sclerosis statistical study and the beginning work done using the Polygraphic method to determine types of mental illness and the effect of drugs thereon. Dr. Alexander's search for objective approaches in psychiatry has been documented and the resulting book, "Objective Approaches to Treatment in Psychiatry", published by the Charles C. Thomas Co. Also, a successful meeting of the Institute of Psychiatric Treatment was held in Philadelphia, at the Philadelphia State Hospital under the combined direction of Dr. L. Alexander, Dr. Robert Arnot and Dr. Irving Rosen, on October 17-19, 1958.

Although work done on the multiple sclerosis statistical study has not proceeded quite as quickly as anticipated due to the many scientific meetings here and abroad which Dr. Alexander was required to attend during the year, the paper read and the exhibit of the material shown by him at the meetings in Brussels (International Congress of Neurological Sciences) met with wide acceptance and much interest. The paper was published in the Journal of the American Medical Association on April 19, 1958 and given an editorial notice in the "Lancet", issue of July 12, 1958, which is a much appreciated honor. In particular, the value of blood transfusion and ACTH treatment in multiple sclerosis, analyzed by Dr. Berkeley and favorably



reported in the paper, elicited a vast flow of mail from practically all over this country and from many other parts of the world and a great number of requests for further detailed treatment suggestions.

It is expected that the final work on this study will proceed quickly and that the complete book will be in the hands of the publisher by the early winter of 1958. We received a contract for this book from Charles C. Thomas, of Springfield, Ill., in January, 1958.

A comprehensive exhibit on "Depression--its recognition and treatment" was presented at the 114th Annual Meeting of the American Psychiatric Association in San Francisco, May 12-16, 1958 and at the 107th Annual Meeting of the American Medical Association in San Francisco, June 23-27, 1958. The exhibit featured descriptive charts and pictures designed for use by both the general practitioner and the psychiatrist, and was accompanied by a leaflet for distribution.

Actual clinical research using the polygraphic method for which Dr. Alexander has been preparing during the past several years by sessions of study with Dr. Horsley Gantt in Baltimore and by working with Mr. Albert Grass to build the appropriate apparatus was started in November of last year. The Polygraph records electroencephalogram (EEG), heart rate (EKG), respiration and psychogalvanic skin resistance (PGR) as well as the auditory and electric signals.



The inhibitory and excitatory stimulus used are tones of 256 and 512 cps respectively sounded for five seconds each with a one minute interval. The excitatory tone is paired with the unconditional stimulus, an electric shock to one finger, on the fifth second of the sounding of this tone.

94 such conditioning tests have been made on 56 patients and 13 normal control subjects. Such phenomena as differentiation, inhibition and generalization are being studied clinically and analyzed statistically in the hope that patterns of reaction may emerge by means of which we will be able better to diagnose the objective nature of mental illness and also to gauge the effectiveness of various drugs. To date, patterns appear clearly differentiating depression, schizophrenia and psychoneurotic anxiety states. A description of the machine and the research procedure as well as a preliminary report was incorporated in a paper delivered at the meetings in San Francisco on May 10 and May 11, 1958 (see list). The paper was very well received and awarded the Annual Prize for the Best Research Paper presented at the 1958 Scientific Session of the Electroshock Research Association. It also has been accepted for publication in the Archives of Neurology and Psychiatry.



# MOTION PICTURE RESEARCH UNIT

Floyd S. Cornelison, Jr., M.D., Director with Jean Arsenian, Ph.D.

This paper is an initial report on the responses of psychotic persons to photographic self-images. Sampling has been limited and there was not a matched control group, therefore the results, which include observations on changes in the psychotic state, must be considered tentatively as suggesting problems for further study. Sampling problems aside, the material presented here does throw light on certain aspects of self-concept in psychotics. All patients recognized the self-image, in spite of defective ego functions. Some responded to self-confrontation with manifest shock, indicating a reservoir of sensitivity about self-feeling.

The observed sex differences suggesting more female investment of libido in the face could perhaps be anticipated because of cultural precedent. It is notable that this was not dissolved by ego-destructive manifestations of psychosis.

For some patients changes in certain aspects of the psychotic state coincident with the experience of self-confrontation became evident by inspection. Motion pictures records best illustrate this. Some, but not all of the patients, showed change. In some cases there was definite movement toward health. How this might be related to repeated exposure to the photographic self-image has not been answered. However, the replies of the subjects to direct questions provided material suggesting some hypotheses.



Since self-confrontation focuses perception upon an external image of the self, some psychotic patients may be brought into better contact with the realistic self. In terms of the psychoanalytic formulation of psychosis as a withdrawal of libido from the world of external objects (1) the photograph of the self may provide a step toward re-directing libido outwards. Whether the image is surprising, reassuring, or shocking it does present a familiar object, almost a part of the self upon which cathexes have reverted, and yet external to the person and so a part of reality to which others can respond mutually with the patient. It is an object that has, potentially at least, safe investment value, and the experience it generates may initiate further libidinal investments toward the outside world.

In at least four patients in this study the photographs seemed to have potential for inducing a catharsis of feeling. Where the immediate problem of the psychosis is control of violent emotion, destruction of unflattering photographs of the self may, for example, drain off some self-destructive feeling, leaving the individual with residually less anger to control and thus releasing more energy to cope with reality.

Individual differences in the kind and degree of narcissism may be a factor in the responsiveness of psychotic persons to photographic self-images. The early existence of primary self-love and the gradual acquisition of secondary narcissism are important in normal ego development (2). Defective narcissistic feelings, e.g., negative self-cathexis or guilt-laden ego-libido, early in life may render some individuals incapable of engendering self-feeling when in regressed psychotic states. Early traumas to narcissistic impulses



may be such that during psychosis the self is lost or abandoned. In confrontation sessions, then, photographs of the self may initiate perceptual processes which recentralize in the residual ego fragment an awareness of old feelings and ideas of the self. For the withdrawn but not disorganized patient this means a focusing of attention upon the self, while for the acutely disoriented person it means an active re-attainment of self-identity.

In this study an attempt was made to limit the stimulus to photographic self-confrontation. For this reason the patients were not followed in concurrent interviews outside the project sessions. In some instances it appeared that the type of relationship which the patient made with project personnel was somehow a reaction to seeing the pictures. It is conceivable that photographic self-confrontation may afford an adjunct to psychotherapy with psychotics.

Objectives, methods, and findings in this study of the responses of psychotics to self-confrontation experience, employing photographic self-images are described. Self-recognition, reaction to the pictures, expressions of feeling toward the self-images, sex differences in response, and changes in the psychotic state accompanying self-confrontation are reported. Significance of the findings, hypothetical considerations, and potential utilization in investigation and therapy are discussed.



PSYCHIATRIC HOME TREATMENT RESEARCH - DR. TOBIAS FRIEDMAN,  
Director

The Home Treatment Service, with offices at Boston State Hospital, is a demonstration project supported by the National Institute of Mental Health. Boston University School of Medicine is the sponsoring institution, in cooperation with Boston State Hospital. The project serves the district of South Dorchester, and is available for all referral agencies, including doctors, clergymen and families.

The grant period began in September 1957, and an active clinical program was begun in January 1958. The program provides for a psychiatrist and a social worker to make home visits to families in which a member has serious mental illness. The service provides emergency psychiatric care, and investigates treatment methods which may serve as alternatives to hospitalization.

Other personnel include a psychiatrically trained public health nurse, a psychologist and a social scientist.

A total of 43 cases were treated by Home Treatment Service in the past six months. All the patients but one had moderate to severe socio- and psychopathology. They were either too disorganized to avail themselves of existing medical and social services, or present communal installations could not offer them adequate and sufficient help. Sixteen, or 37% of the patients had to be hospitalized -- some after a short delay, and others after a longer period of time during which alternative methods of treatment were attempted. Alternative methods included frequent home visits by the psychiatrist and social worker, drug therapy, and attempted referral to out-patient facilities or day-care hospital. To date, a total of 405 homevisits have



been made by the clinical personnel - mostly by a team of a psychiatrist and social worker, and also by a psychiatric nurse. In addition, five families were taken into extended home treatment.

Beginning September 1958, an additional psychiatrist, social worker and nurse will be available. Plans are under way to enlist the aid of the police surgeons in order to enable the Home Treatment Service to intercept patients on the way to the State Hospital.

It is hoped that early and appropriate home treatment for people with serious mental illness will eventually reduce the need for hospitalization.



## GERIATRIC HOSPITALIZATION PROJECT

Dr. David Blau, Director

The Geriatric Hospitalization Project at the Boston State Hospital, operating under a grant from the National Institute of Mental Health, commenced work in June of this year. Thus far, the project staff (psychiatrist, psychologist, social scientist, social worker and secretary) has been primarily concerned with research design and techniques and with formulating the specific questions to be investigated. The project hopes to answer such questions as the following:

- (1) How incapacitated are the geriatric patients admitted to the Boston State Hospital.
- (2) What were the reasons, both explicit and implicit, for which the patient was sent to the hospital at this time.
- (3) What were the ways in which these patients handled their problems in the past and have there been recent changes in these patterns.
- (4) What are the current intact assets of the patient, and how might these best be used either to help him leave the hospital or to be more useful within the hospital setting.
- (5) Do such events as deaths, separations, and loss of jobs play a crucial part in the onset of illness.
- (6) In what ways do the problems of these particular patients reflect conditions inherent in the American society: for example, changes in family roles, values, and occupational structure in the United States.
- (7) What role does physical disability play in the decision to hospitalize the geriatric patient.

To answer these questions and others, an intensive examination both of the patient and of the patient's relatives or friends is required. It is anticipated that each patient will be seen from ten to twenty hours by the staff. Such a program necessarily prohibits the examination of every patient, and consequently one of the decisions to be made at the outset is which patients to



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select for study. Also, in this initial planning stage, such things as the selection of psychological tests and interviewing techniques must be made. Interview schedules and questionnaires must be designed both for the patients and for their relatives or friends. Further, plans are being formulated for making observations of daily behavior of the patients in the ward setting.

In addition to working on these research design problems, the project staff has already made a survey of the psychiatric treatment facilities available in the Greater Boston area for persons over 60 years of age and has visited many of these places. Currently a board of expert consultants is being chosen, and this board will meet with the project staff several times during the coming year.

As a preliminary fact-finding step, 100 case records of geriatric patients at the Boston State Hospital have been examined, and the data from these case records are being analyzed. Throughout the course of the investigation, the appropriate literature in the field of geriatrics will be studied with care by the project staff. Very soon, a small group of patients will be examined and tested on a trial-run basis in order to refine both the test procedures and interviewing techniques. It is anticipated that the full-scale examination of patients will begin about October 1, 1958.



## CLINICAL RESEARCH

1. Rauwolfia Derivatives: Drs. Malamud, Barton, Fleming, Middleton, Friedman and Schlaifer. Completed and Published.
2. Sparine: Dr. Louis Sorrentino. Completed. Not published.
3. Tri ido thyromine: Drs. Rose Winston and Frank Wills. Completed. Not published.
4. Estrogenic Study: Product too toxic in present form. Abandoned.
5. A Comparison of annectine EST with Impastato Petite Mal - Grand Mal Technique and with pre-medication with atropine plus barbiturate and annectine and the Impastato technique. Drs. R. Spitzer, J. Johnson, and Murray Winston. Seventy patients with an average age of 70 have already been treated.
6. Families of Mental Patients:

While other branches of medicine lend themselves more readily to objective relatively impersonal measures, objectivity of sorts is achieved in psychiatry only through long and intensive study and treatment. The fallacy in using relatively inexperienced people to do psychiatric research becomes evident. Clinical research has the advantage of remaining part of the physician's training under supervision and will hopefully lead eventually to more ambitious research plans and capabilities.

Families of Schizophrenic Patients: in treatment along with the patient as a means of studying mutual intra-family pathological reactions.

Five such families are under study involving Drs. Rothstein, Kayce, Day, Kludt, Davidson, Limentani, McCarthy, Prager, Kaufman and Mr. Lentschner and Mr. Johnson.



7. Achieving Maximum Gains on a Chronic Service:

Dr. Kayce, Dr. da Silva and the West Male Service. Ward H-8 has been set up as a small intensive treatment ward consisting of 23 patients with selected personnel and student nurses. Patients are moved to this ward for a trial period of 6-12 months if they satisfy a series of at least five requirements, i.e., 1. Young. 2. Family is interested (relatives are seen regularly by social workers and ward physician). 3. Good I.Q. 4. No organic damage. 5. At least one member of the Day Shift personnel likes the patient and would like to work with him.

8. Hospital Day Plan and Hospital Night Plan

Dr. St. John and Dr. Limentani. An attempt to determine criteria for selection of patients for those plans.

9. The Ataractic Drugs on Reception Male Service

Dr. Blau. On each of the three wards, one type of drug was used to determine relative effectiveness.

10. The Social Worker in the Admitting Room

Miss Eckhoff and staff. Making the social worker part of the admitting room staff so that an assessment of the patient's environmental problems can be made on admission and used for immediate planning.

11. "On the Psychology of Microcephalics." Translation of the original article by Dr. S.S. Korsakov. American Journal of Mental Def., July 1957.

12. "Myotonia Dystrophica" (with Dr. Esen) Archives of Pediatrics. October 1957.

13. "Contribution to the Study of Microcephalics." (with Dr. Esen) Archives of Pediatrics. January 1958



14. "Electrick Shock Casualties." Journal of Nervous and Mental Diseases. April 1958.
15. "Bilateral Traumatic Porencephaly." Archives of Pediatrics. In print. Two papers are in preparation.
16. "An Exploratory Study of the Influence of Music upon Memory Dysfunction of Korsakov Patients." A.F. Fultz, in Music Therapy - 1957, Book of Proc. NAMT, Inc., Lawrence, Kansas

#### COOPERATIVE RESEARCH

Clinical Research Projects in which our patients and staff have been working cooperatively with other agencies:

1. Survey of Employment Experiences of Patients Discharged from the State Hospitals during 1951-53. Dr. Samuel Grob, Project Director, Mass. Association for Mental Health, Inc.
2. The Effect of Drugs and Environment on Chronic Mental Illness. Dr. Julius Levine, Mass. Mental Health Center.
3. Somatotype and Mental Illness. Dr. Emil Hartl and Rev. Judson Howard.

#### RESEARCH PROJECTS NOW UNDER DEVELOPMENT

1. Administration in Psychiatry. A book for all residents in training for psychiatric practice and for students enrolled in Mental Hospital Administration courses. Walter E. Barton, M.D.
2. Alternates to Traditional Ward Staffing. An attempt to study the effect of two differently staffed wards as a teaching facility and as to their impact on patient management.  
(A project under development cooperatively by the "Board of Dreamers" of the Boston State Hospital).



## PUBLICATIONS

July 1957 to June 1958

1. Alexander, Leo, M.D. In Memoriam, Merrill Moore, M.D., 1903-1957. N.E. Journal of Medicine, 257: 893-894, (October 31) 1957.
2. Alexander, Leo, M.D. Book Review -- Battle for the Mind -- by William Sargant. Diseases of the Nervous System, 28: 487, (December) 1957.
3. Alexander, Leo, M.D. Multiple Approaches to Treatment in Schizophrenia and Discussion of Indications. American Journal of Psychiatry, Vol. 114, pp. 577-582, January 1958 (with Merrill Moore)
4. Alexander, Leo, M.D. A Nosometric Study of Multiple Sclerosis. Its Application to Prognosis and Evaluation of Treatment. Acta Neurologica et Psychiatrica Belgica, 57: IX, 685-702, 1957. (with Austin Berkeley, Ph.D. and Alene M. Alexander).
5. Alexander, Leo, M.D. Chemotherapy of Depression. Use of Meproamate with Benactyzine (2 - Diethylaminoethyl Benzilate) Hydrochloride. J.A.M.A., 166: 1019-1023, (March 1) 1958.
6. Alexander, Leo, M.D. Prognosis and Treatment of Multiple Sclerosis -- Quantitative Nosometric Study. J.A.M.A., 166: 1943-1949, (April 19) 1958. (with Austin W. Berkeley, Ph.D. and Alene M. Alexander).
7. Alexander, Leo, M.D. Objective Approaches to Treatment in Psychiatry. Springfield, Illinois, Charles C. Thomas, 1958, I-VIII, 1-139.
8. Alexander, Leo, M.D. Morale and Leadership. In: Galdston, I. and Zetterberg, H., (eds.) : Panic and Morale, Conference Transactions. The New York Academy of Medicine and the Josiah Macy, Jr. Foundation, New York (International Universities Press), 1958, Pp. 105-117.
9. Alexander, Leo, M.D. Depression. Recognition and Treatment. Descriptive leaflet to accompany exhibit presented at the 114th Annual Meeting of the American Psychiatric Association in San Francisco, May 12-16, 1958, and at the 107th Annual Meeting of the American Medical Association in San Francisco, June 23-27, 1958.



10. Barton, Walter E., M.D.      A Book Review. Hospitals, vol. 32,  
Page 51, May 16th, 1958.
11. Barton, Walter E., M.D.      The Needs of Mental Patients:  
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12. Barton, Walter E., M.D.      The Patient and the Mental Hospital,  
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page 85, Feb. 16, 1958.
13. Barton, Walter E., M.D.      Observations on the Therapeutic  
Aspects of Administration in Public  
Mental Hospitals. American Journal  
of Psychiatry, vol. 114, pp. 488-492.  
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14. Barton, Walter E., M.D., with/      The Evaluation of the Effect of  
Malamud, William, M.D.      Derivatives of Rau/Wolfia in the  
Fleming, A.M., M.D.      Treatment of Schizophrenia.  
Mc-Kay-Middleton, Peter, M.D.      American Journal of Psychiatry,  
Friedman, Tobias T., M.D.      vol. 114, pp. 193-200,  
Schleiser, M.J.      September 1957.
15. Barton, Walter E., M.D.      Out patient Psychiatry and Family  
Care in Progress in Psychiatry. Amer.  
Journal of Psychiatry, January 1958.
16. Da Silva, Guy, M.D.      L'Aspect Psychiatrique de la Douleur.  
Montreal Medical Journal, vol. IX:  
25-28, March 1958.
17. Goodman, Lillian R., R.N.  
B. S., M. S.      Some Factors in Doctor Nurse Relation-  
ship in Psychiatry, in the Archives  
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18. Raskin, Naomi, M.D.      Translation of Prof. S.S. Korsakov,  
On the Psychology of Microcephalics.  
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19. Raskin, Naomi, M.D.      Electric Shock Casualties. Journal  
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20. Raskin, Naomi, M.D.  
Dr. Esen      Myotonia Dystrophia. Archives of  
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21. Raskin, Naomi, M.D.  
Dr. Esen      Contributions to the Study of  
Microcephalics. Archives of Pediatrics,  
January 1958.
22. Raskin, Naomi, M.D.      Bilateral Traumatic Parencephaly  
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23. Stearns, A. Warren, M.D.      Murder by Adolescents with Obscure Motivation. American Journal of Psychiatry. vol. 114, pp. 303-305, October, 1957.
24. Semon, Ralph G.  
Goldstein, Norman      The Effectiveness of Group Psychotherapy with Chronic Schizophrenic Patients and an Evaluation of Different Therapeutic Methods. Journal of Consulting Psychology, vol. 21, pp. 317-322, #4, 1957.
25. Simmons, Ozzie G.  
Davis, James A.      Interdisciplinary Collaboration in Mental Illness Research. American Journal of Sociology, vol. 58: pp. 297-303, November, 1957.
26. Simmons, Ozzie G.  
Freeman, Howard E.      Mental Patients in the Community. Family Settings and Performance Levels. American Sociological Review, vol. 23: pp. 147-154, April 1958.
27. Simmons, Ozzie G.  
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Davis, James A.  
Freeman, Howard E.      Rehospitalization and Performance Level Among Former Mental Patients. Social Problems, vol. 5: pp.37-44, July, 1957
29. Simmons, Ozzie G.  
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Spencer, Katherine      Interpersonal Strains in Release From a Mental Hospital. Social Problems, vol. 4: pp. 21-28, July 1956
30. Simmons, Ozzie G.  
Freeman, Howard E.      Wives, Mothers and the Posthospital Performance of Mental Patients. Social Forces, 1958
31. Goodman, Lillian  
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Robinson, Alice      Nursing Education in a Mental Hospital. Mental Hospitals, March 1957
32. Goodman, Lillian  
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33. Goodman, Lillian  
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PAPERS AND LECTURES PRESENTED BEFORE  
SCIENTIFIC AND GENERAL MEETINGS

1. Alexander, Leo, M.D. "A Nosometric Study of Multiple Sclerosis", before the First International Congress of Neurological Sciences, Brussels, Belgium, July 24, 1957.
2. Alexander, Leo, M.D. "Multiple Approaches to Treatment in Schizophrenia and Discussion of Indications", before the Second International Congress for Psychiatry, Sept. 4, 1957, Zurich, Switzerland (with Merrill Moore).
3. Alexander, Leo, M.D. "Recent Advances in Multiple Sclerosis", before the Staff of the Veterans Administration, 17 Court St., Boston, Oct. 3, 1957.
4. Alexander, Leo, M.D. "The Function of the Anesthetist in Electroshock Therapy". Round Table Discussion (moderator). Second Annual Meeting, Eastern Psychiatric Research Association, New York, New York, Oct. 12, 1957.
5. Alexander, Leo, M.D. "Genetics and Psychiatry" -- Presidential Address -- before the Second Annual Meeting. Eastern Psychiatric Research Association, New York, New York, October 12, 1957.
6. Alexander, Leo, M.D. "The Adrenalin-Mecholyl Test and Its Correlation with the Recovery Potential of Patients" (with testing practice under supervision) before the Fifth Annual Institute of Psychiatric Treatment, Philadelphia State Hospital, Philadelphia, Penn., Oct. 17, 1957.
7. Alexander, Leo, M.D. "The Present Status of Psychiatric Electrotherapy. Demonstration of Newest Techniques", before the Fifth Annual Institute of Psychiatric Treatment, Philadelphia State Hospital, Philadelphia, Penn., Oct. 18, 1957.
8. Alexander, Leo, M.D. "Depression Relieving Drugs", before the Fifth Annual Institute of Psychiatric Treatment, Philadelphia State Hospital, Philadelphia, Penn. October 19, 1957.
9. Alexander, Leo, M.D. "Psychiatric Military Medicine", before the Harvard College R.O.T.C., Cambridge, Mass., November 20, 1957.
10. Alexander, Leo, M.D. "Recent Advances in Organic Treatment in Psychiatry", before the Psychiatric Residents' Assoc., Boston State Hospital, Boston, Mass., November 21, 1957.



11. Alexander, Leo, M.D. "Prognosis and Treatment of Multiple Sclerosis. A Quantitative Nosometric Study", before the Boston Society of Psychiatry and Neurology, Boston Medical Library, Boston, Mass., Dec. 19, 1957.
12. Alexander, Leo, M.D. "Apparatus and Method for the Study of Conditional Reflexes in Man with a Preliminary Note on the Paradoxical Reversal of the Electro cerebral Alerting Response in Depression", before the Eastern Psychiatric Research Association, New York City, New York, February 6, 1958.
13. Alexander, Leo, M.D. "Physiological Testing and Treatment of Depression", before the Staff of the V. A. Hospital, Bedford, Mass., February 17, 1958.
14. Alexander, Leo, M.D. "Polygraphic Measurement Technique of Conditioning Sequences in Mentally Disturbed and Normal Control Subjects", before the Eastern Association of Electroencephalographers, Montclair Inn, Ste. Adele, Quebec, March 1, 1958 (with Dr. C. Kris).
15. Alexander, Leo, M.D. "Conditioning As An Aid in Psychiatric Diagnosis and Evaluation of Treatment", before the Staff of the Metropolitan State Hospital, Waltham, Mass., April 9, 1958.
16. Alexander, Leo, M.D. "Conditional Reflex Studies in Patients with Mental Disease. Their Application to Psychiatric Diagnosis and Evaluation of Drug Action", before the staff of the Boston State Hospital, Psychiatric Seminar, April 30, 1958.
17. Alexander, Leo, M.D. "Objective Approaches to Psychiatric Diagnosis and Evaluation of Effect of Drug Action", before the Meeting of the Society of Biological Psychiatry, San Francisco, California, May 10, 1958.
18. Alexander, Leo, M.D. "Method and Apparatus for the Study of Conditional Reflexes in Man, including Conditional Responses of Cerebral Electroactivity", before the Electroshock Research Association meeting, San Francisco, California, May 11, 1958.
19. Barton, Walter E., M.D. "Asiatic Flu", Couples Club, Milton, Mass. November 2, 1957.
20. Barton, Walter E., M.D. "The Types of Patients in Mental Hospitals", Rehabilitation Commission Counsellors, Boston, Mass., November 14, 1957.



21. Barton, Walter E., M.D. "First Aid in Emergencies", Troop 6, Boy Scouts, Milton, Mass.
22. Barton, Walter E., M.D. "Emotional Aspects of the Physically Handicapped", Boston University Medical School, December 3, 1957.
23. Barton, Walter E., M.D. Sponsor; New England Conference of Neuropsychiatric Hospitals. Report on Prochlorperazine. Hotel Statler, April 8, 1958.
24. Barton, Walter E., M.D. "Administrative Psychiatry", Columbia University Course for Mental Hospital Administrators. New York Psychiatric Institute, New York City, January 1958.
25. Barton, Walter E., M.D. "Administrative Psychiatry". Yale University Course for Residents. Middletown, Conn., February 3, 1958.
26. Barton, Walter E., M.D. "Basic Concepts in Rehabilitation." Psychiatric Training Faculty, Seminar Series. Worcester State Hospital, Worcester, Mass.
27. Barton, Walter E., M.D. "Treatment of the Mentally Ill." Boston University School of Theology, Boston, Mass., February 7, 1958.
28. Barton, Walter E., M.D. With Drs. Leo Alexander, Louis Sorrentino, Floyd Cornelison, and Miss Margaret Dwinell. WBUR Radio Series. Tape Cut for "Treatment of Patients in Mental Hospitals."
29. Barton, Walter E., M.D. "Research in Rehabilitation" and "Selection of Patients for Rehabilitation." Nebraska Psychiatric Institute, Omaha, Nebraska, April 9-11, 1958.
30. Barton, Walter E., M.D. "Work as a Therapeutic Agent." Talk and Conference Summary. Area Medical Conference. V. A. Hospital, Bedford, Mass., April 24-25, 1958.
31. Barton, Walter E., M.D. "Medical Supervision of Occupational Therapy." American Hospital Assn. Institute, Boston, Mass., May 1, 1958.
32. Barton, Walter E., M.D. Research in Rehabilitation. Brockton V.A. Medical Seminar. Brockton, Mass. May 6, 1958.



33. Barton, Walter E., M.D. "Treatment of Mental Illness."  
Milton Rotary Club, Milton, Mass.  
May 7, 1958.  
Waltham Rotary Club, Waltham, Mass.  
May 14, 1958  
South Boston Medical Society. Harvard  
Club, Boston, Mass., May 14, 1958.
34. Barton, Walter E., M.D. "The Need for Psychiatric Awareness."  
Women's Auxiliary, Mass. Hospital  
Association, Hotel Statler, Boston,  
Mass., May 15, 1958.
35. Barton, Walter E., M.D. "Psychiatric Services in General  
Hospitals." A panel discussion. Mass.  
Hospital Association, Boston, Mass.  
May 15, 1958.
36. Barton, Walter E., M.D. "Selection of Patients for Rehabili-  
tation." New England Governors  
Conference. Stowe, Vermont, May 27, 1958.
37. Mann, James, Dr. "Utilization of Personnel in New Roles."  
Goodman, Lillian, R.N. New England Governors' Conference,  
Wentworth -by-the-Sea, Portsmouth, N.H.  
Sept. 12-13, 1958.
38. Goodman, Lillian, R.N. "Some Aspects of the Doctor-Nurse  
Relationship in Psychiatry."  
Albert Prevost Institute, Montreal,  
Quebec, February 1958.
39. Goodman, Lillian, R.N. "Psychiatric Nursing." V. A. Hospital,  
Perry Point, Maryland, April 1958.

Dr. Leo Alexander served as President of the Eastern Psychiatric Research Association. He gave the presidential address in February 1958.

Dr. Walter E. Barton served as chairman of the Committee on Mental Health to the Mass. Medical Association and attended the November meeting in Chicago, Illinois.

Served as Chairman of the Sub-committee on Hospital Administration and as member of the Advisory Council to the Neuropsychiatric Division of the Veterans Administration, Washington, D.C. in December and January.

Served as member of the Special Grants Project Committee for National Institute of Mental Health, Washington, D.C. in September and April and made several site visits in Connecticut and Boston.

Served on the Board of Trustees of the Joint Commission on Mental Illness and Health meetings in New York City and Boston.

Participated with Dr. Ralph Notman in the meetings of the Group for Advancement of Psychiatry in Asbury Park, New Jersey in November and April.



## TEACHING ACTIVITIES

### NURSING

A Nursing Advisory Committee assists the Educational Director in setting policy. Conferences are held at least yearly with Directors of Education and again with Nursing Directors of affiliate schools.

The Superintendent of Nurses attends monthly meetings with the representatives of other State Hospitals to share ideas.

Teaching institutes in supervision and other aspects of nursing care are held by the Department of Mental Health.

Some 40 to 50 students are in each class of affiliating student nurses who come from six hospitals.

Graduate nurses, principally from Boston University, are here for a year's field training while doing their theses.

In-service training is offered to Supervisors. Registered Nurses, Licensed Practical Nurses, Charge Attendants, and a two weeks' orientation for all new Attendants.

All new employees, regardless of the service they are on, spend two days in a general orientation session.

### OTHER TEACHING ACTIVITIES

#### 1. The Health Professions

The program of medical teaching is probably well known. Some 12 to 16 Psychiatric Residents spend from one to three years, with 20 hours of structured class work each week.

In addition, medical students in their third year, from Tufts and Boston University, come for weekly clinics. In the fourth year, students may elect one month of clinical clerkship in psychiatry.



## PSYCHOLOGY

Instructor: John Arsenian

Subject: An introduction to group dynamics by a group approach.

Students from the Boston School of Occupational Therapy.

February-May 14 - 2 hour sessions at Boston State Hospital.

Advanced Seminar - The interpretation and integration of data from psychological tests.

Students: -doctoral and post-doctoral candidates from Harvard University and Members of the staff MMHC of Mass. Mental Health Center, alternate Monday evenings -October-June.  
Introduction to Appraisal of Personality from Psychologic Tests.

The hospital provided patients for testing for about 15 Harvard students and in 9 2-hour sessions Arsenian served as course assistant with Dr. Doris Gilbert.

Behavior Study - Abnormal - 4 Boston University students spent an afternoon a week on our wards observing, interviewing, and writing reports of patients' behavior. Their work was supervised by John Arsenian.

Olaf Johnson, Peter Magazu and John Arsenian each ~~intran~~ ~~instructed~~ instructed successive groups of student nurses for the year, there being each quarter, 3 groups of about 15, each given 10 hours of instruction in psychology.

## OCCUPATIONAL THERAPY

### L. Occupational Therapy Students

This past year 20 occupational therapy students completed their psychiatric occupational training at this hospital. Following is a breakdown as to schools sending students here for training:



<u>No. of Students</u>	<u>School</u>	<u>Length of Affiliation</u>
8	Boston School of O. T.	4 months
1	Boston School of O. T.	3 months
1	Boston School of O. T.	2 months
2	College of St. Catherine (Minnesota)	3 Months
5	University of Illinois	2 months
1	University of Minnesota	3 months
2	University of N. H.	3 months

The University of Minnesota used this hospital as an affiliation center for occupational therapy students for the first time this year.

Each student's schedule provided clinical experience in each of the major occupational therapy areas on a monthly rotating basis. They were supervised by occupational therapy department members and by the head therapist. They attended regular staff and seminar teaching programs, and attended service meetings in the areas to which they were assigned. One meeting was held weekly with the head therapist for discussion of occupational therapy with the mentally ill. The students were given special orientation to all areas of the hospital, and also attended orientation programs for regular employees.

## 2. Teaching of Staff Members

This past year the Occupational Therapy Department gave two presentations at teaching staff. Mr. Wiseman presented his visual arts project in September 1957. The second presentation was concerned with ward activities in Reception Building and was presented by Mr. Hawes and Miss Canada.



The department participated in teaching programs for resident psychiatrists, medical students, student nurses, attendant nurses, clinical pastoral students and music therapy students.

### 3. Other Teaching and Training

Three Occupational Therapist Assistants from this department completed a four weeks' D.M.H. Training program for Occupational Therapist Assistants given at Westboro State Hospital, October 7th through November 1, 1957. Those who completed this course were: Misses Louise Choate, Lillian Maniatty and Beatrice White. One week was spent by each as ward attendant at this hospital as a required pre-requisite for the training program.

Miss Canada continued to serve on the committee for planning and revising the above program. This included one half-day spent in a teaching demonstration as a part of this program.

Miss Canada gave a one-hour lecture and discussion of psychiatric occupational therapy to the Simmons College senior students in Physical Therapy at Massachusetts General Hospital.

Weekly meetings of the Occupational Therapy Department were initiated with Dr. Blau as discussion leader. These were usually case or group project presentations. It was felt that these meetings were extremely helpful to the department. We were grateful for Dr. Blau's leadership.

Weekly meetings on routine and administrative problems continued for the entire O. T. Department under the leadership of Miss Canada.



Occupational Therapy Personnel and students again participated in summer staff Meetings held jointly with the Clinical Pastoral Students in July and August, 1957.

## 2. OTHERS

### Music Therapy Affiliate Training - Mr. A. Flagler Fultz-Director

The report is organized according to the following categories:

- 0.0 Introduction; Organization and Aims of service
- 1.0 Tabulation of Data
- 2.0 Music Therapy Operations; applications and results
- 3.0 Clinical Training of Student music therapists
- 4.0 Conferences and Counseling by B.S.H. staff personnel
- 5.0 Special Events; seasonal celebrations
- 6.0 Public Relations and Publications

#### 0.0 INTRODUCTION

6.01 Aim: The aim of the Music Therapy operations at B.S.H. is five-fold:

- (1) To provide adjuvant therapy and, under proper supervision, a limited form of client-centered therapy for patients being served by a treatment team;
- (2) To supervise and direct the work of student music therapists in their clinical affiliation and training;
- (3) To conduct research studies on problems related to the existence, nature, aims, and use of music therapy with psychiatric patients;
- (4) To extend its services to staff members for their relaxation and refreshment;



(5) To facilitate the Musical aspects of general activities at the hospital, such as dances, anniversary celebrations, entertainments, religious meetings and festivals, etc.

0.02 Organization: Music Therapy operations are organized at Boston State Hospital under the direction of the Director of Affiliate Training in Music Therapy, and comprise the work of (1) the director, (2) a full time music therapist responsible to the Chief O. T. whose report appears with that of the O. T. Department, and (3) student music therapists who are fulfilling clinical requirements for obtaining their Bachelor or Masters degree in Music Therapy from the New England Conservatory of Music.

#### 1.0 TABULATION OF DATA

Arthur Flagler Fultz	On Duty Time	Operational Time	Patient Time	Total Operations Employed	Times Used
	375.4 hrs	304.25 hrs	2345.6 hrs	13 Standard Oprtns 14 Adm & Training 27 Ops.	93 287 380
Ferry	353.8	325.9	2705.3	15 Standard Opertns 9 Adm & Suppl Ops	48 339
Ginsberg	713.6	676.9	3163.0	11 Standard 8 Adm & Suppl Ops	254 614
Zecha	257.25	247.0	1419.8	10 Standard 9 Adm & Suppl Ops	90 282
TOTALS	1700.05	1554.05	9633.7	39 Operations	2008

#### 2.0 MUSIC THERAPY OPERATIONS

2.01 Application: (It is informative to review not only those operations most frequently employed as in the past, but all.)



(1) STANDARD MUSIC THERAPY OPERATIONS

(Total 524) Uses made

Key No.	Mth Operation	Times Used	Proportion Used	Rank Ord
2a	Listening - (w. goal) records	3	.0057	
2c	Listening - (w. goal) live music	4	.0076	
3b	Composing - informal	1	.0019	
4a1	Vocal lesson	73	.139	3
4a2	Instrum. lesson (Pf, Vl, Guit, Uke, Dr)	208	.396	1
5a	Vocal duos	38	.073	4
5b	Voice acc'd (by pf, dr, or uke)	24	.046	6
5c	PL duets (4-hand)	5	.0095	
6a	Solo dance	1	.0019	
7	Community Sing (more than 20 pers.)	1	.0019	
8	Ward Sing	27	.052	5
9	Small Group, informal	5	.0095	
10a	Glee Club, formal, w. goal	3	.0057	
10c	Group Music Therapy Club	88	.168	2
10d	Vocal Class (less than 10 persons)	6	.011	
10f	Music apprec. (jazz discussed)	1	.0019	
13a10	Small ensemble, pre-orch, mus. toys	2	.0038	
14	Rhythm Band	8	.015	
19	TV appearance: WHDH-TV	1	.0019	
20	Concerts (Saturday Series)	9	.017	
21a1	Pageantry - seasonal (Christmas)	12	.022	
23	Tradition recvg group, viol. conc.	3	.0057	
24	Tradition conveying group, caroling	1	.0019	

(2) SUPPLEMENTARY AND ADMINISTRATIVE OPERATIONS

(Total 1495 Uses made)

Gen1	Varied, non-specific music situation	107	.07	4
Misc	Prelim details, getting patients, etc.	613	.41	1
Sem	Seminars (Staff, Mth gr discussions)	108	.07	4
Staff	Staff meetings and clinics	89	.06	6
Conf	Student conferring with Fultz	173	.11	3
Disc	Discuss. with doctor or colleagues	217	.14	2
Obs	Observing others working with pts.	34	.02	
PR	Public Relations	12	.008	
Adm 1	Fultz consult doctor re patient	46	.03	
Adm 2	Fultz dealing with vis., prospect	56	.037	
Adm 3	Fultz conduct. formal staff meeting	1	.0007	
Adm 4	Fultz holding com. mtg. or confer.	5	.003	
Adm 5	Fultz doing research, case studies, etc	5	.003	
Adm 6	Fultz, reports, desk work	29	.02	

(Grand Total 2019 Uses made)

2.02 Results: The above data makes it possible to draw certain conclusions about this past year's program of music therapy.

(1) It is evident that a great deal of preliminary preparations was made to make situations effectual for patients when they arrived. N.B. Rank 1 (Misc) in Supplementary Operations.



(2) The top ranking operation (4a2, Instrumental lesson) which was not confined to piano teaching alone, constituted nearly 40% of all the situations used by all therapists this year. This provided a much more favorable "client-centered therapy" potential, and made individual handling possible.

(3) The next highest operational activity, 10c, is one of the most useful, both coverage-wise and socialization-wise. We always dramatize 10c in public demonstrations of music therapy such as the TV program and the Joint Conference on Rehabilitation.

(4) Operation #20 (Saturday Concert Series) was continued from last year, and improved by controls. Each concert was carefully designed to demonstrate consequences resulting from the choices of alternatives dramatized by the performers, e.g., one group from the Operatic Dept. of the Conservatory played six different scenes from operas (some in costume) each of which was chosen for the vividness with which it depicted how a good choice of alternatives or a poor choice resulted in favorable or unfavorable consequences. Psychiatrists were invited to lead the patients in a group discussion of these factors, but unfortunately they did very poorly in capitalizing on the situations we had created.

(5) (PLEASE NOTE SEC. 1.0 - Tabulation of Data). It is noteworthy that this year's activity has collected almost twice as many "On Duty" hours as last year (1700.05 as compared with 956.55). There is also a definite improvement in the quality of work being done toward rehabilitation



as shown by the ratio this year of patient-time to operational-time. Last year this ratio was 8.3:1. This year it was 6.2:1. The total spread of operations employed was approximately the same, 87 last year and 89 this.

(6) Intensive research has been conducted on the following lines:

- a) Effect of Musical Expression Upon Korsakow Memory Dysfunction (continued and expanded from last year).
- b) Further study of "Group Music Therapy Club" (10c) in the control and interruption of avoidant, inadequate and maladjustive behaviors.
- c) (New) Influence of Music Therapy Upon the Structuring of Perceptual Experience (particularly "Person Perception").

(7) "Guide for Physicians in Prescribing Music Therapy for Patients", material lost by hospital mimeograph department last year is being re-written (and, we hope, improved in doing so).

### 3.0 CLINICAL TRAINING OF STUDENT MUSIC THERAPISTS

- 3.01 All graduates of N. E. Conservatory of Music - Dept. of Music Therapy are qualified for national registration and certification in the National Association for Music Therapy. The Music Therapy Affiliation program at Boston State Hospital is improving and stands as one of the best in the United States.
- 3.02 Three students are spending ten weeks this summer doing 40-hour/week internships at Boston State Hospital, and two of these are working for a Master's degree in Music Therapy.



#### 4.0 CONFERENCES & COUNSEL BY BOSTON STATE HOSPITAL PERSONNEL

Special mention should be made of the helpful spirit of doctors, nurses, occupational therapists, and social workers, and chaplains for their contribution to the orientation and training program.

#### 5.0 SPECIAL EVENTS: SEASONAL CELEBRATIONS

The Christmas Program: "Gift Wrap" presented Dec. 19, 1957, was the result of the cooperative planning of many departments of the hospital under the leadership of the Music Therapy Department. As was the case last year, the aim of this program was dominated by therapeutic considerations instead of a religious celebration.

#### 6.0 PUBLIC RELATIONS AND PUBLICATIONS

##### Music Therapy Demonstrations:

May 10, 1958, Dramatization of three typical music therapy operations, Joint Conference on Rehabilitation, held at Boston University.

June 18, 1958: WHDH-TV, "Date-Line, Boston" Medical Show, dramatization and discussion of music therapy operations participated in by Dr. Frederick Shepard (BSH Resident) and Evelyn Moore, (BSH patient), and eight student music therapists.

A number of evening lectures with slides, patient-tapes of musical behavior in a mental hospital were also given before church and school groups.

Staff Meeting: Report by Mr. Fultz on "Relation of Musical Action to Personal and Social Competence." (Dec. 26, 1957)

We are particularly proud and happy to see Miss Lois Ginsberg selected to be a member of Boston State Hospital's full-time staff as a music therapist. Miss Ginsberg is working for her Master's degree at the Conservatory.



## 2. OTHERS

Seminarians from St. John's and theological students from Boston University have regular days at Boston State Hospital for full time educational activities.

Colleges in the area have field trips for their student bodies to this hospital.

## 3. IN-SERVICE TRAINING

Weekly Food Conferences are held and there is special training for all new Dietary employees.

Domestic employees also receive training in their duties.

A weekly Seminar is held by the Superintendent on administrative topics.

A weekly Seminar is open to all employees, meeting at noon on Wednesdays in the Reception Building.



### PSYCHIATRIC SEMINAR SCHEDULE

Purpose: To introduce the leaders in psychiatry and the allied professions to our staff; to provide a broad staff education program through presentation of the important aspects of psychiatry and related fields of interest.

Place: Reception Building Auditorium, Boston State Hospital.

Time: Wednesdays - 12:00 Noon to 1:00 P. M.

#### Psychiatric Motion Pictures

1957

Sept. 11	Problems of the Mind in Later Life Sibling Rivalries and Parents
Sept. 18	The Doctor Defendant
Sept. 25	Comprehensive Treatment in Mental Retardation

#### Speaker

#### Topic

Oct. 2	Stanley Cobb, M.D., Prof. Emeritus, Harvard Medical School	"The Contribution of Neurology to Psychiatry."
Oct. 9	Raymond Adams, M.D., Bullard Prof. of Neuropathology, Harvard Medical School Chief, Neurology Service, Mass. General Hospital	"Recent Advances in Neurology."
Oct. 16	Elizabeth G. French, M.D., Seizure Unit, Neurological Institute, Children's Medical Center	"Newer Treatments of Epilepsy." (Lantern Slides, 3/4 x 4 and 35mm.)
Oct. 23	David J. Myerson, M.D. Private Practice, Alcoholic Clinic Director, Long Island Hospital	"Current Concepts in the Treatment of Alcoholism."
Oct. 30 <u>8:30 P.M.</u>	Annual Staff Meeting Resident & Visiting Staff	<u>D-Building</u> <u>Class Room</u>
Nov. 6	Leon N. Shapiro, M.D., Director, Division of Legal Medicine, Dept. of Mental Health. Director of Prison Treatment Centers	"Forensic Psychiatry."



	<u>Speaker</u>	<u>Topic</u>
Nov. 13	Maurice S. Schwartz, Ph.D. Director of Task Force, Joint Commission on Mental Illness & Health	"Patterns of Patient- care."
Nov. 18 8:30 P.M.	Silvano, Arieti, M.D., New York, N.Y.	Robert Johnson Memorial Lecture "Schizophrenic Thought"
Nov. 20 12:30 P.M. & 1:30 P.M	Florence Kluckholm, Ph.D. Laboratory of Social Relations, Harvard University. Lecturer on Sociology & Research Associates	"Cultural Variations in Family Life."
Nov. 27	Tobias Friedman, M.D., Director "Home Care" Research Unit, Boston State Hospital	"A Plan for Home Care of Acute Psychotic Patients."
Dec. 4	Felix Deutsch, M.D., Psychoanalyst	"Basic Principles of Psychoanalysis as employed in Associa- tive Exploration."
Dec. 11	John Murray, M.D., Prof. of Clinical Psychiatry, B.U. Medical School, and Past President, Boston Psycho- analytic Institute	"Treatment of Character Neurosis."
Dec. 18	Bernard Bandler, M.D.	To Be Announced.
Dec. 25	No Seminar	"Merry Christmas"
<u>1958</u>		
Jan. 8	Ruth Beuscher, M.D., Director, Children's Unit Metropolitan State Hospital	"Treatment of Dis- turbed Children."
Jan. 15	Veronica B. Tisza, M.D., Director, Child Guidance Clinic, Boston Floating Hospital	"Out-patient Treatment of Young Children."
Jan. 22	Evoleen Rexford, M.D., Director, Douglas Thom Clinic	"Treatment of Psychi- atric Disorders of Adolescence."
Jan. 29	William Moloney, M.D., Visiting Physician in Hematology. Director, Clinical Laboratories, Boston City Hospital. Atomic Bomb Casualty Comm.	"Biologic Effects of Radiation."



	<u>Speaker</u>	<u>Topic</u>
Feb. 5	Gregory Pincus, Sc.D., Research Director, Worcester Foundation for Exp. Biology	"Hormones and Stress in Mental Disorders."
Feb. 12	Ozzie G. Simmons, Director Community Rehabilitation Project. Lecturer, Social Anthropology, Harvard School of Public Health with Mark Zborowski & Howard Freeman	"Research in Community Rehabilitation."
Feb. 19	Floyd S. Cornelison, M.D., Director, B.U. Research Project with Motion Pictures	"The Other Self." (Motion Pictures) A Study in Confrontation.
Feb. 26	Arnold Starr, M.D., Visiting Neurosurgeon, Boston State Hospital. Beth Israel Hospital Staff	"Subdural Hematoma."
Mar. 5	Robert Hyde, M.D., Director= Butler Mental Health Center, Providence, R.I.	"Changing Patterns of Community Psychia- tric Service."
Mar. 12	Milton Greenblatt, M.D., Asst. Supt., Mass. Mental Health Center. Harvard Medical School	"A Total Psychiatric Rehabilitation Program."
Mar. 19	Sidney Kliegerman, M.D., Director of Psychiatric Worcester State Hospital	"Patient-government in a Large Mental Hospital."
Mar. 26	David J. Oppenheim, M.D. Visiting Physician in Internal Medicine. Beth Israel- Mass. Memorial and Faulkner Staff	"Treatment of Arthritis."
April 3	Rabbi Richard Rubenstein, Director, B'Nai Brith Hillel Foundation, Harvard-Radcliffe- Lesley-Wellesley Colleges.	"Religion and Psychiatry"
April 9	Ruth E. Simonson, Mental Health Nurse Consultant, Region II, Public Health Service, New York City	"Community Aspects of Mental Health."
April 16	Martha Sherwood Vorenburg, Head Social Worker, Psychiatric Department, Mass. Memorial Hospital	"Coordinating Psychia- tric & Social Work Treatment."



	<u>Speaker</u>	<u>Topic</u>
April 23	Panel Discussion Roy G. Hoskins, M.D., Moderator Robert Munroe, M.D. Ruth Ehrenberg, M.D. Alexander Hyde, M.D.	"The Aging Process."
April 30	Leo Alexander, M.D., Director, Neurobiologic Unit, Boston State Hospital	"Conditional Reflex Studies in Patients with Mental Disease." "Their application to Psychiatric Diagnosis and Evaluation of Drug Action."
May 7	Frank P. Foster, M.D., Lahey Clinic, Dept. of Internal Medicine	"Use and Abuse of Antibiotics."
May 14	William C. Schutz, Lecturer & Research Associate, Laboratory of Social Relations, Harvard University	"Prediction of Group Behavior." (Why People Need People)
May 21	William Caudill, Ph.D., Lecturer on Social Anthro- pology, Dept. of Social Relations, Harvard University	"Social Processes in Psychiatric Hospitals." (U.S. and Japan)
May 28	New Medical Films	"Kid Brother" "A Report on Compazine"

New Motion Pictures

June 4	Diagnosis of Childhood (Schizophrenia) (35 min.)
June 11	Safe Cerebro-Electrotherapy (16 min.) Frenquel (32 min.)
June 18	Case Study of Multiple Personality (30 min.)



NURSING DIVISION - Lillian Goodman R.N. B.S. M.S. Director of Nurses

I. PERSONNEL

A. Key Position Changes:

Mr. John DelGrosso, RN, Chief Hospital Supervisor, Graduate Nurse, went on military leave of absence for an expected period of two years.

Miss E. Katherine LeVan, RN, resigned from her post of Chief Hospital Supervisor, Graduate Nurse, in December to accept another position out of state.

Miss Janice Pond, RN, served as Chief Hospital Supervisor, Graduate Nurse, in the D Building prior to her departure on military leave of absence in April.

Mrs. Anita Sims, RN, Hospital Supervisor, Graduate Nurse, instructor in the affiliate program, went on leave of absence in March.

B. Total Turnover of Nursing Service Personnel for 1957 to 1958:

Nursing Service Appointments (includes 24 R.N.'s)	<u>1956-57</u> 317	<u>1957-58</u> 222
Nursing Service Terminations (includes 21 R.N.'s)	192	198

C. As of July 1, 1958, the following vacancies existed:

5 Hospital Supervisor, Graduate Nurse (two can not be filled)  
2 Chief Hospital Supervisors, Graduate Nurses  
1 Hospital Supervisor, Attendant Nurse (can not be filled)



## II. EDUCATION:

### A. Affiliate Nurse Students:

During the year 1957-58 a total of 220 student nurses enrolled for the basic course in psychiatric nursing.

The enrollment of students according to home schools was as follows: Boston City Hospital 66; St. Elizabeth's 86; Truesdale 23; St. Luke's 15; Beverly 23; and Mercy Hospital 7.

The Annual Meeting of the Directors and Faculties of the Home Schools with the Affiliate School Faculty was held in December 1957. An attempt was made to omit the July affiliation. It was not possible to do this because of rotation schedules at this time. However, this is a future goal toward which we will continue to work.

Twelve graduate nurse students in the Bachelor of Science program at Boston University had their field experience in the Reception Service.

Nine graduate nurse students in the Master of Science program at Boston University had their field work experience in the A and I Bldgs.

Eighteen graduate nurses attended the classes on Disaster Nursing.

### B. Aide Programs:

The mammoth undertaking of review classes for employees who intended to take the licensed practical nurse examination was undertaken. Approximately 200 employees completed the review course which was held on their time off. Miss



Mary Dunleavy, RN,BS, was the coordinator for this program. We hope the majority of these people will pass the examination and become licensed practical nurses which should insure safer care for our patients.

A total of 73 new employees completed the basic two week orientation course. This course was given approximately every month.

C. Graduate Nurse In-Service Program:

Dr. Day's group of head nurses continued its second year.

Group meetings led by Dr. Mann were started for the higher eschelon group of nurses - personnel from the Nursing Office and also the Nursing School. We hope to continue this next year.

Nursing seminars were conducted thru the year with Dr. Lementani as leader and a cross sectional participation from all levels of the nursing department.

There seems to be a need for a special program for the graduate nurse group and we hope to experiment with this next year.

III. SIGNIFICANT EVENTS

The opening of wards D-5 and D-6 in the new Medical and Surgical Building completed the major part of this operation. This leaves only D-9 which is not in operation chiefly due to lack of qualified personnel.

Mr. Downey from the Division of Personnel visited the hospital in December. A staffing pattern was presented to him at this time and again later in the spring.



#### IV. PUBLIC RELATIONS

A. As usual the Nursing Service served as hostesses for many visitors throughout the year, such as graduate students from Catholic University; and nurses from Ireland, England, Israel and Canada.

B. The Director was invited to speak to the Roslindale Junior Women's Club in November.

C. Professional Activities, Director of Nurses  
Vice-Chairman - Steering Committee, Interdivisional Council of Psychiatric and Mental Health Nursing

Member - A.N.A. and N.L.N - attended state conventions as well as A.N.A. Convention in Atlantic City

Participant in Panel sponsored by the Massachusetts State Nurses Association in November

Speaker at Institute Albert Prevost in Montreal on "Some Aspects on Doctor - Nurse Relationships in Psychiatry"

Participant - Northeast States' Government Conference on a panel in September. Spoke on "Utilization of Personnel in New Roles"

Participant at Nursing Symposium, Perry Point, Maryland in April

Member - Steering and Advisory Committee of the Research Project - Practical Nurse Preparation for Care of the Mentally Ill



Member - Technical Advisory Committee doing a survey -  
The Nursing Needs and Resources in Massachusetts

Associate Clinical Professor - Boston University School  
of Nursing

Publications - Director of Nurses

"Nursing Education in a Mental Hospital" - Mental  
Hospitals March 1957 with Rupert Chittick, M.D. and  
Alice Robinson, RN

"Personal Relationships Affect Patient Care" - Nursing  
World - June 1957 - also in Les Cahiers Du Nursing  
Canadien October 1957

"Some Factors in Doctor-Nurse Relationships in Psychiatry"  
Les Cahiers Du Nursing Canadien - March 1958

#### V. MAJOR PROBLEMS

1. Supervision - need more graduate nurses
2. Industrial accidents and sickness
3. Tenure Law Problems
4. Maintenance and repair
5. Lack of supplies

#### VI. GOALS FOR 1959

Continued improvement of patient care

Salary increase for graduate nurses to aid recruitment and  
retention

Improved supervision

Improved employee morale and satisfaction

Contributing to the Nursing Profession



Sincere appreciation is expressed to the Superintendent of the hospital, other Department Heads, and all Nursing Service employees for their cooperation and assistance.



HAIR DRESSERS' SECTION - Hazel Mullett, Head Beautician

The Hairdressing Shops have completed

9051 Shampoos

8663 Finger Waves & Pin Curls

65 Borneo Treatments

4873 Hair Cuts

1553 Manicures

179 Permanent Waves

265 Scalp Treatments

1106 Rinses

2031 Female Shaves

543 Facials

378 Press & Curled Hair

Work Done On Wards

4620 Hair Cuts

131 Female Shaves

16 Finger Waves



"A" BUILDING - WOMEN'S SECURITY SECTION

M.V. Kearney, R.N. - Supervisor

POPULATION TURNOVER

July 1, 1957	167 patients	175 beds
June 30, 1958	146 patients	169 beds

Additions:

Newly admitted	0
R. F. Trial Visit	17
R. F. 60 Day Ext. Visit	6
R. F. Overnite Visit	4
R. F. Family Care	3
Transferred IN	<u>153</u>

(89-R 33-E 30-D 2-B 1 W. S. H.) 183

Losses:

Direct Discharges	1
Dismissed on Trial Visit	40
Dismissed on 60 Day Ext. Visit	18
Dismissed to Family Care	4
Dismissed on Week End Visit	15
Expired	1
Census reduced by	6 beds
Transferred OUT	<u>127</u>

212

(85-E 2-R 34-D 2-B 1-G 1-W.S.H. 1-G.S.H.)

Total number of patients as of June 30, 1958 146

PHYSICAL MEDICINE

Consults - Clinics:	Surgical	44 patients	61 visits
	Medical	37 "	44 "
	Skin	16 "	22 "
	Foot	31 "	56 "
	Eye	20 "	26 "
	Dental	50 "	86 "
	Survey		150 patients seen
	X-Ray	30 patients	46 visits
	Laboratory	51 patients	66 visits
	Monthly visits by patients on tranquilizing drugs.		
	Ears-Nose-Throat	7 patients	7 visits
	Physiotherapy	2 "	Daily visits for 2 months
	Neurological	4 patients	4 visits
	Orthopedic	6 patients	7 visits



Special Procedures:

E. K. G.	4 patients	4 visits
E. E. G.	1 "	1 "
L. P.	2 "	2 "

Minor Operations: 3 patients

Major Operations: 5 patients

Mental Notes: Dr. N. Cohen 140 patients 14 visits

Physical Exams: Dr. Koretsky 53 patients 6 visits

DRUG THERAPY

Thorazine:

125 patients 39804 tablets 7, 189,300 mgms.

58 patients carried from June 1957  
67 " added during the year  
89 " dropped during the year  
36 " on Thorazine as of June 30, 1958

Serpasil:

43 patients 8602 tablets 312,670 mgms.

23 patients carried from June 30, 1957  
20 " added during the year  
27 " dropped during the year  
16 " on Serpasil as of June 30, 1958

Compazine:

54 patients 4561 tablets 93,890 mgms.  
2468 spansules 84,120 mgms.

1 patient started on Compazine in August 1957  
53 " added during the year  
26 " dropped during the year  
28 " on Compazine as of June 30, 1958

Marsilid:

8 patients 1037 tablets 45,925 mgms.

1 patient started on Marsilid in December 1957  
7 " added during the year  
5 " dropped during the year  
3 " on Marsilid as of June 30, 1958

Miltown:

11 patients 2581 tablets 1,109,200 mgms.

2 patients started on Miltown July 1, 1957  
9 " added during the year  
6 " dropped during the year  
4 " on Miltown as of June 30, 1958



Vespirin:  
7 patients 1949 tablets 52,550 mgms.  
1 patient started on Vespirin in December 1957  
6 " added during the year  
3 " dropped during the year  
4 " on Vespirin as of June 30, 1958

Pacatol:  
24 patients 2602 tablets 117,957 mgms.  
17 patients started on Pacatol in August 1957  
7 " added during the year  
22 " dropped during the year  
2 " on Pacatol as of June 30, 1958

Trilafon:  
14 patients 2172 tablets 20,774 mgms.  
8 patients started on Trilafon in September 1957  
6 " added between September and February 1958  
14 " dropped by February 28, 1958

Mesantoin:  
1 patient 1336 tablets 133,600 mgms.  
1 patient started in August 1957  
0 " added  
0 " dropped  
1 " as of June 30, 1958

Mysoline:  
4 patients 998 tablets 249,500 mgms.  
1 patient started on Mysoline in August 1957  
3 " added during the year  
3 " dropped during the year  
1 " on Mysoline as of June 30, 1958

Cogentin:  
3 patients 1255 tablets 2510 mgms.  
2 patients started in October 1957  
1 " added during the year  
1 " dropped during the year  
2 " on Cogentin as of June 30, 1958

Mebaral:  
1 patient 636 tablets 63,600 mgms.  
1 patient started in November 1957  
0 " added  
0 " dropped  
1 " on Mebaral as of June 30, 1958



Diamox: 3 patients 624 tablets 655,000 mgms.

1 patient started in December 1957  
 2 " added during the year  
 2 " dropped during the year  
 1 " on Diamox as of June 30, 1958

Deprol: 1 patient 450 tablets 180,000 mgms.

1 patient started in February 1958  
 0 " added  
 0 " dropped  
 1 " on Deprol as of June 30, 1958

### ORGANIC THERAPY

Hydrotherapy	66 patients	339 C. Baths	4362 Hours
Seclusion	87 "		9076 Hours 30 Mins.
E. S. T.	1 patient	9 Treatments	

### PSYCHOTHERAPY

#### A Building

Group:	Dr. Kludt	6 patients	60 visits
	Dr. Becker	10 "	69 "
	Dr. Kahn	8 "	39 "
Reception:	Dr. Newman	3 patients	47 visits
	Dr. Spitzer	4 "	46 "
	Dr. Kayce	2 "	28 "
	Dr. daSilva	1 "	29 "
	Dr. Johnson	1 "	4 "
	Dr. St. John	1 "	9 "

#### A Building

Individual:	Dr. Praeger	39 visits
	Dr. J. Cohen	82 "
	Mr. Blanchard, Psy.	21 "
	Mr. Scott, S. S.	4 "
	Miss Dwinell, S. S.	4 "
	Mrs. Labelle, R. N.	17 "
	Dr. Arsenian	4 "
	Dr. Lemantani	8 "
	Dr. Newman	65 "
	Dr. Kludt	67 "
	Dr. Rothstein	61 "
	Dr. Kayce	41 "
	Dr. Kahn	14 "

Termin.



## A Building

Individual:	Dr. daSilva	21 visits
	Dr. Castillo	21 "
	Dr. Davidson	17 "
	Mr. Leob, Psy.	16 "
	Miss Goodman, R. N.	24 "

## Reception

Individual:	Dr. Porter	22 visits	
	Dr. Blau	17 "	
	Dr. Cohen	68 "	
	Dr. St. Jean	62 "	
	Miss West, S. S.	19 "	& P R N
	Miss Unterberger		P R N

## East

Group:	Mr. Willey	14 visits
	Mr. Lowe, S. S.	17 "

## RELIGIOUS

Religious services of all Faiths well attended.  
Weekly visits by hospital Chaplains, Rev. Lawler and Rev. McCabe.  
Weekly visits by hospital Chaplain Rev. Howard.  
Weekly visits by Rev. Mr. Noyes to see patient Joan Edwards.  
Weekly singing groups of 30 patients conducted by Rev. Howard and assistants once a week.  
Ten Theological students assisting Chaplain Howard during the summer months.

## INDUSTRIAL THERAPY

120 patients working in various areas on the grounds and off grounds throughout the year.  
43 working patients have been dismissed on visits.  
6 patients working at the hospital on the Day Plan.  
38 patients still at the hospital working daily in various areas.

## OCCUPATIONAL THERAPY

Miss A. Bowling, O. T. :  
A Building patients - 2 groups daily - Total number of patients: 63  
(Arts - Crafts - Recreation - Social)

## PATIENT ACTIVITIES

Recreational:			
Mrs. Latham	Music group, singing	16 patients	30 visits
Miss Brophy	Piano and various musical instruments	2 patients	
Mrs. Ecker	Piano	2 patients	2x week
	Singing group	10 patients	1x week



### Social:

Dances	Miss Bowling, I. O. T.	24 patients	2x month
Movies	A Building Cafeteria		1x week
Parties	Wellesley Civic Group		2x month
	Coffee Hour - Afternoon Personnel		2
Music	Orchestral Music provided by volunteer musicians, Local #9. Dancing in A Building Cafeteria.		

All scheduled activities well attended and appreciated.

### PERSONNEL

Assigned:	10	5 Days - 5 Afternoons
Resigned:	5	4 Days - 1 Afternoons
Transferred:	6	3 Days - 2 Afternoons - 1 Nights
Deceased:	2	

### MEETINGS

Dr. Kahn            Weekly meetings with building Nursing Staff and Attendant Nurses.  
Weekly visits with Student Nurses.

Miss Kearney, R. N.    Weekly meetings with Student Nurses - July 1957 through January 1958 when the students terminated their affiliation.

### IMPROVEMENTS

Patient's Clothing Rooms provided on all wards with new clothing bins.  
New electrical wiring installed.  
New fire alarm system installed.  
Additional Room for Group Therapy provided by cutting the census on Ward A-2.  
New windows installed throughout the building.  
Entire interior of building newly painted, with the exception of the employee's locker room.  
Two more wards "opened" in building, making a total of 3 open wards.  
Sink installed for "A" Treatment Room use.  
One hundred and twenty pillows allotted to the building.  
All patients given Asiatic Flu vaccine.  
Twenty-five patients given Tuberculin Skin Test.  
All patients had Annual Chest X-Ray.  
Dental survey in October. All by several patients seen and treated.  
Amount of individual and group therapy in the building greatly increased with the influx of patients from Reception Building.  
Total amount of Drug Therapy increased.  
New medication cabinet provided for use in "A" Treatment Room.  
Candy canteen machine installed in lobby for patient convenience.  
Patients and personnel both have missed the presence of student nurses who are no longer assigned to A Building.



## WOMEN'S CONTINUED TREATMENT SECTION

During the past year, July 1, 1957 through June 30, 1958 528 patients were admitted to the Women's Continued Treatment Service in transfer from the Rec. Female Service, in transfer from other hospitals, and as returns from visit. At the same time, 519 patients were released on Trial Visit, transferred to other services and discharged to other hospitals.

The problem of the chronic female service continues to be one of solving what can we do to help so many patients, without diluting our time in such a way that we will be effectively treating none of the patients. Towards this end, we have established the following new programs:

For many years the P Bldg. has been an area for chronic regressed patients, as well as for patients who require closed building care, either because they were too aggressive themselves or because they were not able to accept responsibility for being in an open building. This past year Dr. Jonas Cohen attempted to improve the nursing and psychiatric care of the patients in the building with improvement as a goal. There was no attempt to say that one could rehabilitate these patients, but rather what could one do to improve their care, assuming that the patients would not be able to leave the P Building. In order to accomplish this, Dr. Cohen met weekly with the attendants, attempting to give them some support in dealing with the large number of patients on the wards in P Building. In addition, patients were recruited from other buildings, notably S Bldg. and L Bldg. to assist with nursing and household duties. Several



parties were planned with the chronic male service, so that patients from I Bldg. were entertained in the P Bldg. in an attempt to overcome the sexual isolation which is imposed upon our patients. As an outgrowth of this, regular meetings with the patients from a ward in the I Bldg. are now planned in an informal way, rather than as a party, in an attempt to move the patients in the direction of socialization. As a consequence of the program in the P Bldg., a few patients showed social improvement. They appeared to be in better contact with reality, improved their personal hygiene habits and seemed to be interested in doing something other than sitting on the benches of the P Bldg. all day.

An occupational therapy program on the ward was planned with the occupational therapist meeting regularly with the patients on the ward rather than in the O.T. shop. Some of the patients showed even further improvement and it was felt that they could be expected to move on to another area, where the emphasis might be on their own self-reliance. It was decided, therefore, that a ward would be started on L2 for patients who showed signs of improvement, but who were not yet ready for an open building. These patients could be expected to work in the Industrial Therapy Program in a limited way and might be expected to leave the hospital at some future date. Dr. Boutin assumed charge of this program and, with the aid of Miss Posson of Social Service to deal with the ever present problem of acceptance of these patients by their families, he began a program designed to direct these patients on a second step toward rehabilitation.



As part of the programs in the P Bldg. and the L Bldg., the Industrial Therapy Dept., under Mrs. Hulse, placed patients in suitable working areas. It was our feeling that if patients were able to work, as most of them would probably have to do, if they were able to leave the hospital, then one could select these patients for more intensified treatment. It is this area which needs further development; namely, the more intelligent incorporation of the Industrial Therapy Program into the patient's treatment plan.

Finally, the Patient-Employee Program came into existence and while at the present time, we are not really sure which patient could benefit from this program, we feel that working in Industrial Therapy Program for at least several months is a necessary requirement before a patient should go onto the Patient-Employee Program. To date, we have had one patient who was on the program and she has been able to leave the hospital and is now working in the community.

The program in the A Building has continued for the second year under Dr. Kahn. Patients are received in the A Bldg. on their transfer from the acute to the chronic service, in an effort to place them in a small ward setting with all its advantages and with a closer relationship with the physician. During the past year 58 patients were sent on Trial Visit from the A Bldg.

As for our needs for the future, the doctor-patient ratio has improved; however, it is still one physician for 206 patients, including the senior physician, for the current year. On the day shift we have only one registered nurse for 1,017 patients.



There are two registered nurses for 146 patients in the A Bldg. as part of our maximum treatment program. In order to take care of the needs of the service and to provide any psychiatric nursing care, it would, therefore, be necessary for us to have at least two more nurses on this service. At the present time the nursing supervisor must spend a large part of her day in purely administrative tasks.

In regard to the needs of our physical plant, the Bradley Fountain sinks in the P Building continue to be a problem. They are almost continually out of order because they are operated by a foot pedal, which is easily placed out of commission by patients and the drains are also easily clogged. The sinks themselves should be replaced by a more effective, less destructible water supply. The drains on the porches of the P Bldg. are also continually clogged, and a new drainage system should be made breaking through the brick wall of the porch. With the present drainage system through the floor, stagnant water continues to puddle on the porches and is a health hazard.

The rodent infestation on this service has become worse than in the past and a more effective method of extermination should be employed. At the same time, we are attempting to control the patients' disposal of waste materials and their feeding of pigeons, which acts against the extermination of rats and mice.

It has been proposed by Dr. Sorrentino that the O Building become a part of this service. We do not feel that this is advisable for the following reasons: Continued efforts have been made in this hospital to provide individualized treatment; increasing one service to over 1,200 beds would hardly seem to be in keeping with this philosophy. Five physicians (at the most) could hardly be expected to provide better care for 1,200



patients, when four (or four and a half) are concerned, and justifiably so, with the difficulty of caring properly for 760 patients.

2. The attendants and O.T. in O Bldg. do not seem at all unhappy about their affiliation with the Geriatric Service, some even expressed a preference for it, as opposed to their former affiliation with the Female Continued Treatment Service. They would appreciate increasing amounts of supervision, but a meeting on the ward for about an hour a week with a doctor oriented towards geriatric problems would probably meet this need better than anything else.

3. Integration of the O Building with the East Service would cut off avenues of rehabilitation for these patients. The active treatment wards on the East Side are not oriented towards the needs of elderly patients (long distances to walk to the cafeteria, annoyance or even physical injury from younger patients. The present system, on the other hand, seems to offer much better chances of progress under one integrated program, which offers gradual and continuous steps toward discharge.

Lastly, the personnel of the service are constantly exploring possibilities for new methods of approaching treatment of chronic patients in an effort to decrease the number of patients in our care.



## MEN'S CONTINUED TREATMENT SECTION

Olga C. Forsley, Supervisor

### New Developments, New Progress, and New Achievements:

On July 16, 1957, 53 female patients were transferred from H-3 to "D" Medical & Surgery Building thereby making this building a service for male patients only.

On December 13, 1957, in order to relieve crowded conditions on H-5-6-9, we transferred 56 male patients to H-3, which had been cleaned and painted. These patients had been very untidy and it is surprising to see the decided improvement they have made.

Dr. Brooks White was replaced by Dr. Melvin Kayce as Senior Psychiatrist. H-1-2-7 patients under the Geriatric Research Project - Dr. Sorrentino.

Theologs - Pastoral Counseling - Dr. De Silva's project with mothers of H-8 Patients - these two projects should have a widening circle of better understanding and benefit.

Sewing Project for patients on H-1-3-4-5-6-8-9.

Outside Recreational Area for Patient's activities.

B.S.H. League - parties now held on each ward so that more patients can enjoy this activity. This is a once a month project for patients who have no visitors and for which the H-1-2-3-4-7 patients were very grateful.

### Principal Barriers to Achievement:

Head Nurses - how very much we would appreciate one on each ward in order to improve closer contact with patients, and also it would enable us to have student nurses. There are student nurses on H-8 where there is a head nurse with 20-25 patients.



There is a shortage of employees. Needed are:

2 more aides on H-2  
1 more aide on H-7  
1 more aide on H-8

We have difficulty finding relief at meal time - taking patients to clinics - groups - activities - church services - ball games, etc.

A recreational center is needed in this building for men.

Gray Ladies would be of great help to assist in the transportation of patients and visitors.

We believe there has been an increase in the number of patients going to clinics during the year as the following will show:

<u>X-RAY</u>	<u>LAB.</u>	<u>DENTIST</u>	<u>D CLINICS</u>	<u>EYE CLINIC</u>	
494	343	280	403	67	Total - 1,587
<u>E.K.G.</u>	<u>G.I. Series</u>	<u>L.P.</u>	<u>E.S.T.</u>	<u>E.N.T.</u>	
8	8	3	1	6	Total - 26
Total number patients to clinics .....					1,613

<u>TRANQUILIZING DRUGS:</u>	<u>H Bldg. I Service</u>	<u>H Bldg. B Service</u>
	Range: 68 to 108 patients each month	Range: 7 to 11 patients each month

PATIENTS TUBERCULIN TESTED: April 1958 - 29

SUTURES - 11 patients)	
SEIZURES 48 patients)	
SPINAL FLUID 2 patients)	During year
DIARRHEA 69 patients)	

EXPIRED: 13 patients during year

SECLUSION: 19 patients - H-3 and H-4 each have seclusion rooms this year.

TRIAL VISITS: 13 patients during year

DISCHARGED: 8 patients during year

WEEK-END PATIENTS: 17-28 patients weekly



<u>EMPLOYEES:</u>	<u>6:45-3:15</u>	<u>2:45-11:15</u>	<u>11 PM- 7 AM</u>	<u>TOTAL</u>
	31 to 38	18 to 23	14 to 18	65 to 77

The large number of days lost caused a shortage of help on the wards, and on account of clinics, groups, etc., this proved to be a hardship for employees and patients. However, there are many heartening facts in that during the year we had cooperation and willingness when Aides were requested to go to other wards.

Individual Counseling - 4 patients  
Group Counseling 3 patients  
Recreational Counseling 9 patients

Scheduled Ball Games - patients from H-4-5-6-8-9. Number allowed to go, usually 10 to 12 each game. Also to games in Recreational Area.



Dances for Veterans.

Packages distributed for veterans by Legion once a month.

B.S.H. Womens' League; party second Monday each month for patients who have not had visitors for a long period.

Movies - East Chapel - usually once a week.

Students and Aides plan many activities for H-8 patients, such as special breakfasts on ward, spaghetti suppers, special parties.

H-8 has a ward meeting once a week with patients.

Patient groups from wards taken for walks on grounds.

O.T. parties for patients - two times during year

Invitations are sent to supervisors in female building to send some patients to the special parties planned for patients.

Church services as scheduled.

Picnics to Franklin Park - Houghton's Pond - several times during year.

Card games - puzzle games - planned for patients who remain on wards.

Radio and television on each ward.

#### Occupational Therapy Activities:

Miss Alden - 8 patients - except week-ends and holidays.

Miss MacLean - 8 Patients - except week-ends and holidays.

Miss Choate - 7 patients - 1 time a week in "I" Building.

#### Glee Club:

2 patients - 1 day each week.

#### Mentals-Physicals:

Dr. Wolman

Dr. Cohen

Dr. Hess

Festival of Fun sponsored by the B.S.H. League in May for all patients proved to be an event for the "H" patients and 91 patients had much fun.



BUSINESS ADMINISTRATION DIVISION - Avery W. Cook, Steward

Maintenance Expenses for 1958 fiscal year totalled \$5,078,034.56, an average of \$1744.43 per patient. (Last year - \$4,512,574.84 total with \$1538.55 per patient - Inflationary costs and salary adjustments caused the increase as no new personnel or programs were financed.) Transfers were made between accounts in order to secure sufficient operating funds in Salaries Other, Services-Non-Employees, Food, Housekeeping, Medical, Advertising and Printing, Office & Administrative, Equipment and Rentals.

The end of the year found all accounts in good control, except Services-Non-Employees. The work load in this account, in the Medical Services, increased substantially over that which we had projected, and the end of the year finds bills for approximately \$6000.00 with a balance of only \$4100.00.

Much time has been spent with the Engineers and Architects on the following Capital Outlay Projects:

1. Remodelling East Cafeteria-contract started, but proceeding very slowly.
2. Garage - Contract has been awarded and work started.
3. Power Plant Improvements - Contract awarded but proceeding slowly.
4. Plumbing Renovations - B Building - Contract awarded and nearing completion.

In addition a contract was awarded and work is nearly done on replacing piping in the Administration Building.



During this year a great deal of effort has been made to improve the conditions and appearance of our grounds. We have continued with the programs of landscaping and the spraying of elm trees. We have also started a schedule of pruning of trees and have limed, fertilized and sprayed for weeds all the lawn areas of the hospital. The results of these efforts are beginning to show. We will continue these efforts for improved grounds appearances.

A parking lot was constructed as a means of getting cars off the hospital streets - additional area is required and has been budgetted.

Two payroll machines have been procured and put in operation in the Payroll Division. After the breaking in period with all its tribulations these seem to be working out well. The employees now receive a check with a stub showing all the details between gross and net pay.

Mr. Samuel Carchidi was appointed as Treasurer, during the year to succeed Mrs. Ellen Houde, who transferred to Lemuel Shattuck Hospital. This division of the Business Section is operating smoothly.

The program of reupholstery of furniture by Prison Industries has been accelerated. Many chairs and divans are now in use that were just in dead storage before.

Two sections of our Greenhouse were repaired, glass reset and repainted. This leaves but three sections to do to complete this work. The greenhouse crew is scheduled to do one section and we hope to have the other two sections done by a contract if funds are available.



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The biggest needs of our division is for additional supervisory help especially in the Dietary and Housekeeping Departments, and in the Business Office where the need is great for the reallocation of a Junior Clerk and Stenographer to a Senior Clerk and Typist. During the fiscal year, there have been eight people occupying this position, none of whom have had sufficient qualifications or who would continue in the position for the salary. This is an extremely important position requiring at least a Senior for the responsibility and duties involved.

Additional space is needed for the Fiscal offices.

The conversion of the telephone system to an internal dial system will remove from our use two offices on the first floor of the Administration Building for installation of the telephone equipment.

We need shop space and people to operate a furniture refinishing section. This would enable us to get the worn and damaged furniture back in use much more quickly.

More space is needed for housing both Male and Female employees, and married couples.

The lack of patient labor is hindering many of the departments. Additional employees have been requested to offset this. There should be a regular program of new employees yearly as the older patients are withdrawn from industry.



NUTRITION DEPARTMENT - Miss Mary E. Forbes, Dietician

NEW PROJECTS:

Training Program

Our major effort for the year was the improvement of training for new dining room attendants in the East Cafeteria. The results of this program have been:

1. Better Work habits
2. Improved attendance.
3. More new employees were dropped for failure to carry out assignments and for poor attendance. Each had received a written warning and subsequently failed to show improvement. Approximately 20 of the new employees starting East were dropped for the following reasons:

- 9 - Failure to carry out work properly.
- 10 - Poor attendance.
- 1 - Suspicion of stealing.

Under the apprentice training of past, many might have coasted past the six months mark and acquired tenure while performing below acceptable standards.

Diet Program:

1. A new file system of recording special diets was set up.
2. The assistant dietician in the Medical and Surgical building wrote a diet manual. Copies were distributed to all the doctors and to each ward.
3. Diet supplements were purchased and stored in the diet kitchen and are now being used in several of the diets.



### Teaching Program:

Several hours were spent by the dietician and her assistants teaching nutrition to four groups studying for the L.P.N. examination. These lectures were on basic nutrition and diet therapy.

During the first 6 months of the year, one hour was spent with each group of attendants taking the basic aide course. These hours were spent discussing the nutritional needs of the patients, and the food service department at this hospital. The program was discontinued a few months after the new orientation program was started because much of the material was a repetition of the lecture on nutrition given to all new employees.

### Bakers:

Our three bakers positions were turned over to the Fernald School at the first of the year, although we did not start receiving bread until January and the other baked products in the middle of June.

### Feeding Changes:

#### Hot Meals

Considerable time was spent improving the feeding program in "B", "H", and "D" buildings, where many patients are tray fed. The problem was keeping the food hot. The dietary supervisor's and nursing supervisors sat down to talk this program over and came up with the following suggestions agreeable to all.

1. Trays were to be set up no more than 6 at a time.
2. In areas that this caused difficulty, it was agreed to take the food truck and the trays to the day hall.
3. Ambulatory patients that are fed at tables in the dining areas pick up their hot plate (cafeteria style) as they entered the dining room. All other food would be placed on the tables.



4. In areas where the patients were too feeble, the hot plates are served to them after they are seated.

#### Silver:

It was agreed to issue a complete setting of silver to the East cafeteria and the "A" building. All silver was to be wrapped at the start of the meal, and during the meal (only if there was sufficient patient workers to keep up with it). "P" building, "I" building, and two wards in "A" still receive only spoons. We tried using full settings of silver in "I" but it proved not feasible due to damage of silverware.

#### Sanitation:

Swab testing of all food service equipment was started. The laboratory technician comes unannounced each month to do this.

#### Patient Projects:

A recreation committee was formed in the Reception Building. It was agreed to supply evening refreshments on the approval of the superintendent. For 7 weeks refreshments were sent to Rec. cafeteria on Saturday evenings where the patients held their parties, etc. On Friday evenings hot coffee was supplied.

In B7 and B8 a coffee hour was started for the patients. Once a week they receive coffee, and pastry (when available) about 10:00 a.m. in the morning.

#### Equipment:

A new steam table was installed in the "I" cafeteria complete with coffee urn and lowerators. This completed the necessary equipment to provide hot food for all areas. We are now in the process of replacing some of our old equipment.



Metal storage cabinets were issued to H1, H2, H4, and B3.

The dumb waiters in Reception were replaced.

Combination storage and coat lockers were placed in the "B" and "H" distribution rooms.

Toasters were installed in all the "B" and "H" kitchens.

The East cafeteria received two tray lowerators and all new trays (upstairs only).

Routine:

The monthly Food Service meetings were held with better representation from all departments than there has been in past years.

Meetings were held with the dietary supervisors (Head Dr's & Ass't Dietitians) at least twice a month and more often if necessary. Meetings with the dining room attendants and cooks were called when needed.

Mr. Cloon, Senior Inspector of Public Health, spent two days at the hospital inspecting the sanitation of the food service department.

The annual Passover dinner and Easter communion breakfast for the choir were held.

Meals for the most part were served according to the standard dietary. There were 1,090,585 meals prepared and served by 128 dietary employees during the year.

Special refreshments were provided for picnics and parties for over 11,200 patients during the year.

Refreshments were provided for the O.T. groups, monthly, when requested.



Needs:

1. A baker is very necessary to the department for making ice cream, brown bread, biscuits, cornbread, and coffee cake which are not supplied by the Fernald School. If a cooks' position is utilized for this we must sacrifice an essential position needed in food preparation.

2. A cook or assistant cook for the "D" diet kitchen to provide three meal coverage. At present they are borrowing a cook from the West Kitchen. When we staffed this building, we did not expect such an extensive diet program.

3. We are badly in need of an assistant dietitian to head our program in the East Cafeteria which is now being remodeled.

4. We desperately need paid personnel for operating our dish-washing equipment. Again this year we were criticized by the Public Health Inspector for our dish-washing techniques. All operations criticized were run by patient workers.

5. A new service building is a must. Some of our equipment needs replacement, the kitchen is much too small, the employee's cafeteria is also not large enough.

6. All other personnel needs are written up in a survey made last December for Mr. Downey, Personnel Division.

7. Equipment needs appear in the budget.

The progress made by the department this year was done only through the wonderful cooperation of the dietary employees and especially the dietary supervisors. The assistant dietitians and the Head DRA's have assumed more responsibility than ever before, which has enabled us to devote more time to new programs. We also appreciate the cooperation we have received from Mr. Cook and all the other department heads.



LAUNDRY DEPARTMENT  
Mr. Joseph Contaldo Head Laundry Man

<u>Patients Linen</u>	<u>Laundry Sent</u>
Hammocks.....	348
Blankets, white.....	2672
Blankets, grey.....	39121
Blankets, strong.....	9043
Covers, Mattress.....	374
Covers, Screen.....	492
Covers, Tub.....	431
Mops.....	1785
Pillow cases.....	209085
Rugs.....	359
Scarves Tables.....	736
Sheets.....	941715
Spreads.....	36985
Towels, Bath.....	22446
Towels, Barber.....	23142
Towels, Beauty Parlor.....	24536
Towels, Dish.....	23698
Towels, Hand.....	35221
Misc.....	68191
<u>Clothing</u>	
Aprons, Kitchen.....	3998
Aprons, Laboratory.....	1121
Bathrobes.....	73614
Bedgowns.....	270741
Blouses.....	3250
Caps, white.....	583
Caps, dark.....	478
Coats, dark.....	3947
Coats, white.....	836
Coveralls.....	1042
Dresses.....	124731
Dresses, strong.....	47112
Gowns, Laboratory.....	948
Gowns, O.R.....	2915
Hoovers.....	1336
Overalls, Blue.....	314
Overalls, White.....	1516
Shirts, Outside.....	93749
Shorts.....	56924
Slacks.....	342
Slips.....	2942
Socks, Bed (Booties).....	13478
Socks, Women's.....	6745
Socks, Men's.....	69943
Stocking, Women's.....	94215
Sweaters.....	4785
Trousers, Dark.....	69346
Trousers, White.....	1624
Union Suits, Men's.....	86147
Union Suits, Women's.....	109206
Laundry bags.....	92578
Total	2680886



Employees Linen

Aprons.....	8943
Belts.....	6014
Bibs.....	8021
Blouses.....	2165
Bed pads.....	2436
Bras.....	2841
Boys suits.....	2137
Blankets.....	2943
Caps.....	4004
Coats.....	8164
Collars.....	5671
Cuffs.....	6808
Curtains.....	5114
Dish Cloths.....	2213
Draperies.....	3463
Dresses.....	3121
Face Cloths.....	7813
Hankies.....	16620
Ldy. Bags.....	9876
Napkins.....	6793
Nightgowns.....	4002
Overalls.....	2836
House coats.....	2792
Pot. Holders.....	2590
Pajamas.....	5218
Play suits.....	3143
Pillow cases.....	50767
Rugs.....	2793
Skirts.....	3794
Stockings.....	4253
Smocks.....	2346
Shorts.....	9946
Slips.....	4345
Socks.....	6314
Surg. Shirts.....	2348
Sheets.....	63792
Scarves.....	8513
Spreads.....	20173
Shirts.....	48932
Table Cloth.....	5921
Towel Hand.....	58909
Towel Bath.....	64991
Towel Dish.....	21282
T. Shirts.....	9957
Trousers.....	9597
Union Suits.....	6243
Uniforms.....	44987
Under Shirts.....	102007
Table Mats.....	5421
Total.....	693372



Dry Cleaning For Patients

Over coats.....	3432
Women's coats.....	2436
Suit Coats.....	1431
Pants.....	3076
Dresses.....	2992
Skirts.....	946
Sport Shirts.....	1147
Sweaters.....	876
Ties.....	502
Vests.....	143
Ladies suits.....	422
Total	<u>17403</u>

Patient's Linen.....	2680886
Employees Linen.....	693372
Dry Cleaning.....	<u>17403</u>
Total	<u>3394661 pieces</u>

The laundry operates seven days a week, eight hours, daily, fifty-six hours per week. Twenty-five paid employees: One head laundryman, seven male employees, and seventeen female employees, with the aid of thirty-five patients are employed to operate the plant. One male employee being used in the dry cleaning unit.

3,399,661 pieces of linen were processed this past year.

One new press unit was added to our present equipment, and one extractor replaced, with the approval of the Dept. of Mental Health, and ten more employees have been requested in our 1960 budget.

Our aim is to extend our personal marked clothing system to all of our patients, and to press all their outer garments. In order to do this, we will need more employees and more press unity.



Plans are now being drawn for a new automation laundry in a new location. We hope it will become a reality in the very near future.



INDUSTRIAL THERAPY  
HOSPITAL EQUIPMENT REPAIR DEPARTMENT  
John F. Moylen, Head Industrial Therapist

NEW WORK

New mattresses made.....	842
New mattress ticks.....	756
New hair pillows.....	916
New feather pillows.....	121
New pillow ticks.....	1037
New Pro-Tex-All mattress covers.....	313
New cushions.....	85
New rubber aprons.....	43
New window shades.....	689
New canvas laundry extractor covers.....	18
Flow curtains - new canvas.....	10
New Pro-Tex-All covered pillows.....	65
New arm restraints.....	42
New money bags.....	6
New canvas stretcher cover.....	1
New painters drop cloths 12' x 15' each.....	19
New couch covers.....	4
New transport locked cases for patient transfers.....	10
New No-Sage bed springs installed.....	75
Traction straps.....	39
Laundry bags.....	206
Laundry bags for ward laundry trucks.....	26
Typewriter covers.....	6
Adding machine cover.....	1
Rubber cover for electric fan.....	1
Picking machine blower bag.....	1
Canvas cover for dump truck.....	1
Window drape.....	1
Leg straps.....	29
Rubber bed sheets cut.....	39
Transom window shade installed.....	1
Pads for typewriters.....	6
Cover for organ and chair.....	1
Altar cover.....	1

RENOVATED and REPAIRED

Mattresses sterilized.....	717
Bags of clothing sterilized.....	334
Pillows sterilized.....	147
Bundles blankets sterilized.....	72
Metal chairs repaired.....	248
Beds repaired.....	517
Wooden bed casters installed.....	279
Roller caster installed on table.....	1
Arm of chair recovered.....	1
Arm chairs tightened up.....	19
Kitchen chairs tightened up.....	58
Venetian blind repaired.....	1
Half soles installed on shoes.....	668
Heels installed on shoes.....	1175
Heel counters installed on shoes.....	205



Heel and toe plates installed on shoes.....	481
Heel pads installed on shoes.....	521
Shoes stitched.....	1008
Innersoles installed on shoes.....	281
Brass grommets installed on laundry bags.....	135
Cane seat installed.....	1
Chair backs reupholstered.....	4
Auto seats covered.....	3
Roller casters installed on walkers.....	24
Cushions repaired.....	51
Rods installed on beds.....	8
Arm chair repaired.....	1
Food truck meat tray repaired.....	1
Chair glides installed.....	24
Chair back repaired.....	1
Bedside tables repaired.....	36
Snow plow cab roof covered with canvas.....	1
Auto food truck seat cushion made.....	1
Cushions recovered.....	3
Kitchen truck wheels repaired.....	7
Metal tables repaired.....	2
Window shade fixtures installed.....	10
Kitchen cabinets repaired.....	2
Altar cover repaired.....	1
Dining room chairs repaired.....	9
Foot stools repaired.....	3
Towel holders repaired.....	2
Handles installed on kitchen cabinets.....	3
Wheel chairs repaired.....	21
Knobs installed on steam truck cover.....	8
Knobs installed on food container.....	4
Desk spring repaired.....	1
Awning taken down.....	7
Dummy repaired.....	1
Bed cribs repaired.....	8
Bedside cabinets repaired.....	51
Arm chair repaired.....	1
Arm rest on metal chairs repaired.....	34
Framed barbers' licenses hung in Barber Shop.....	5
Pro-TeX-All mats cut for Beauty Shop.....	2
Roto index repaired.....	1
Cafeteria steam truck repaired.....	1
Bed pan holder repaired.....	1
Metal laundry bag holder repaired.....	1
Refrigerator door catch repaired.....	1
Arm chairs repaired.....	6
Chair recovered.....	1
Chairs repaired and reupholstered.....	2
Wheels installed on kitchen shelf truck.....	4
Holes bored in steel chairs.....	170
Chair seats recovered.....	3
Roller casters installed on metal table.....	14
Grille plate repaired.....	1
Canvas bag repaired.....	1
Divan repaired and reupholstered.....	1
Metal top on table repaired.....	1
Motor cover made.....	1



Awings 102" long each - installed.....	2
Overstuffed chair repaired.....	1
Roller casters installed on beds.....	8
Stair carpet laid.....	1
Cabinet handles installed.....	5
End table repaired.....	1
Chair reupholstered.....	1
Desk bumper repaired.....	1
Window shades repaired.....	92
Flat platform trucks repaired.....	2
Linen room trucks repaired.....	2
Lock washers installed on beds.....	391
Office chairs repaired.....	17
Day Hall table repaired.....	1
Chair seats covered.....	4
Cafeteria truck repaired.....	20
Floor mats repaired.....	2
Awning repaired.....	1
Store House truck wheels installed.....	6
Drape fixtures installed.....	2
Scotch tape holders repaired.....	2
Steam table repaired.....	1
Food trucks cleaned and repaired.....	2



HOUSEKEEPING DEPARTMENT - Mrs. Helen Logue Head Housekeeper

During the year the following new equipment was distributed and assembled throughout the hospital by the employees of the Housekeeping Department:

Sixty-five (65) New Beds - Reception Building

Sixty (60) Benches - Reception Auditorium

Thirty-seven (37) Bedside Tables - Reception Building

One-hundred and twenty (120) Lockers for patients clothing,  
(Upper "H" and "K" Cottage)

Ninety-five (95) Chrome Chairs - "B" Building and "L" 2

Four (4) R.C.A. Televisions ("G", "S", H-5 and "P")

Seventy-six (76) Mop Pails - #3180

Four (4) Desks and Chairs

In addition, furniture from the Nurses Quarters, West Employees Home, East Employees Home, "S" Building and various offices was sent to Norfolk prison to be reupholstered. One-hundred (100) sets of chair cushions were also sent for reupholstery.

Four-hundred and nine (409) pairs of new drapes were made and hung throughout the hospital, and one-hundred and thirty-six (136) pairs of drapes were made over.

Most of our projects were in the form of moves.

The Personnel Office was moved from the first floor of the Administration Building to the Basement. Part of the Treasurers Office was moved to the area formerly occupied by Personnel.

In Reception Building, the record room was moved to the Staff room. The Library was moved to the Old Record rooms and the Library area was arranged as a Staff room.



For the first time the "whys and wherefores" of housekeeping were added to the Orientation Course each month.

Routine work was carried on by the Maids and Porters assigned to each ward and employees building. In addition to this, much territory is covered by the Special Detail. Over five-thousand (5000) windows were washed as were miles of walls and corridors. The routine house cleaning was done in Staff houses and the Nurses Quarters.

Needless to say, we had the usual assignment of cleaning up floods and all other emergencies.

This is the first year that "D" Building has been in full operation. I think the staffing in the building has been adequate for the ward housekeeping and as a result has relieved the Nursing Personnel of these duties. This enables them to devote much more time and attention to the patients. If this staffing were carried out in other buildings, the patients could receive more of the Nursing Personnel's attention. The experience here has demonstrated the value of a pattern that should extend to other hospital areas. Skilled Nursing Personnel can then devote more time to patient care.

Since the two Housekeepers have been reallocated to Supervisor Institutional Housekeepers, our employees have had much better supervision. On only a few occasions has it been necessary to call meetings with the Porter and Maids to discuss administrative policies because of this direct contact with the Supervisor.

We were most fortunate to have all positions in our department reallocated one grade higher by the Barrington hearings. This has certainly boosted the moral of our employees. They are no longer the lowest paid employees at the hospital and this has reduced our turnover of personnel to a minimum.



The heavy responsibilities of the person in charge of a program as vast as this one should be recognized by a higher salary. We believe the B.S.H. Housekeeping Dept. to warrant a new title of Executive Housekeeper at Grade 12 to 14. If the Head Housekeeper's title is changed it would also be desirable to reallocate one of the Supervisor Institutional Housekeeper's to Head Housekeeper.

It is also most difficult to find rooms for doctors with children and to have to present one room to a family consisting of one doctor, his wife and three children.

More Porters positions are needed because of the increased demand for housekeeping services. They have been requested in the budget.

Staff Quarters are also badly needed. For example: on the third floor of the Administration Building there is only one portable shower for eleven doctors.

Having visited a few other hospitals this year, I feel that the Boston State Hospital is a credit to the employees of the housekeeping department. I should also like to mention the added advantages of our West Industrial Shop. Our mattresses, shades, etc., are kept in very good condition compared to those in other hospitals.

I would like to see a more complete Paint Shop with additional personnel for refinishing furniture. This would help to improve the appearance of our wards tremendously.

I feel that we have received excellent cooperation this year from our Division Heads and all the other Department Heads.



STORES DEPARTMENT - Bernard V. Leonard, Storekeeper

In accordance with practice I herewith submit my Annual Report for fiscal year ending June 30, 1958. It is a resume in whole figures showing staple and miscellaneous items received and issued during period.

The Report concludes with a brief statement concerning general conditions at Storehouse and improvements made.

Meats - all	480,000 lbs.
Canned Goods	198,480 cans
Fresh Eggs	69,840 doz.
Frozen Eggs	24,120 lbs.
Coffee	39,600 "
Tea	22,032 "
Tea bags	120,000 ea.
Desserts	26,640 lbs. & gals.
Cereals	760,800 pkgs. & lbs.
Fish	157,284 lbs.
Spaghetti, Macaroni, & Egg Noodles	48,000 "
Jams & Fillings	44,784 "
Peas & Beans	24,000 "
Salad Oil & Extracts	4,800 gals
Spices & Condiments	6,936 lbs. & gals.
Soup Bases	4,800 lbs.
Pickles	2,040 gals.
Vinegar & Molasses	2,736 "
Cheese, Lard, & Butter	153,302 lbs.
Vegetable Compound	38,000 "
Vegetables	576,000 "
Dried Fruits	53,580 "
Whipped Topping	5,760 "
Potato Chips	3,600 "
Cocoa & Chocolate	16,272 "
Crackers	18,000 "
Chop Suey, Noodles & Sauce	30,960 lbs. & gals.
Evaporated Milk	18,000 cans
Salt, Flour, & Rice	64,800 lbs.
Bread	401,500 "
Peanut Butter	12,000 "
Olives	672 gals.
Relish	4,800 "
Powdered Milk	24,000 lbs.
Dietetic Foods	12,000 cans
Ice Cream Mix	2,860 gals.
Pancake Mix	9,600 lbs.
Tobacco	10,296 lbs. & pkgs.
Housekeeping & Ward Supplies	3 million pieces and pounds



Office Supplies & Forms	282,012 pieces
Powerhouse, Elec., Plumbing etc.	8,000 "
Drugs	3 million units
Clothing	48,000 pieces
Occupational Therapy	6,000 "

We have received two new Stainless Steel Corned Beef Tanks.

Mr. Cloon of the Department of Public Health made an inspection of the Storehouse, and found it satisfactory.

Our deliveries were good and on time, and our stocks were kept complete throughout the year.

Five Stainless Steel Tanks for Salt Pork first requested in 1955 and a Stainless Steel Table have not yet been reached in budget items submitted.

There is one employee vacancy--Assistant Meat Cutter--which will be difficult to fill due to the low salary, now the lowest grade in the Hospital.

The auditors were here in March and found everything in order.



GARAGE & GROUNDS DEPARTMENT - E. L. McNab, Garage Foreman

Miles travelled by the fleet of 19 vehicles during the year totalled 121,967, using 14,632 gals. of gas and 516 qts. of oil. Part of the increase over 119,371 miles travelled the previous year is due to the transporting of bakery products three times a week from the new baking facility opened at the W. E. Fernald State School in Waltham.

Two-thirds of the miles travelled are on the Hospital premises in the delivery of meals, laundry, supplies, collection and disposal of rubbish, transportation of patients, maintenance of buildings, grounds and utilities, patrolling of grounds, mail service and other administrative duties. The balance is in transporting of supplies to the hospital, daily trips to the Department of Mental Health, transferring of patients to other institutions, returning patients from escapes, social service contact work, and administrative travel.

One new vehicle, a Ford Sedan, was procured during the year.

On the grounds, in addition to routine seasonal maintenance work, areas at Chapel, I, J, & N were planted with shrubs and trees, and regrading and seeding done at Reception. Coal that had been stored for years in the hoppers in the Power House was hauled out and piled for removal. Trenches were dug for steam and drain line repairs and backfilled and graded. Lawns were limed, fertilized and treated for weed control. Diseased Elm trees were removed and burned.



MAINTENANCE DEPARTMENT - David W. Barrett, Maintenance Foreman

9048	Panes of glass installed
1574	Pcs. furniture repaired
6	New doors built & installed
31	Doors repaired or rebuilt
2	New Sash made.
6	Sash repaired
100	New wood screens made
153	Wood Screens repaired
28	Laundry trucks repaired & rebuilt
2	Cabs made for tractor & bulldozer
6500	Sq. Ft. Asphalt tile installed
2	Bulkhead doors replaced at Supt. house & Canteen
3	Door frames built & installed
33	File boxes made
107	Frames for signs etc.
6	Bulletin boards
	Roof repairs at A.B. West Employees, I.K.O. Bldgs.

General repairs, such as floors, doors, locks, windows, plastering, tile, has been done in all buildings.

During the past year, painting has been done inside at A, B, H, G, I, O, P, Q, N, Chapel, Rec. Bldg., East Kitchen, West Kitchen, Supt. House, Staff House, Adm., Bldg., Male Home, and East Night Cottage.



ENGINEERING DEPARTMENT - Michael J. Waldron Jr., Chief Engineer

Power Plant Work

The second phase of State Project M707 was started in March 1958. This work will involve replacement of existing pumps (boiler feed, make-up and oil pumps) at the power plant. It will also involve replacement of 2,300 volt switchboard and replacement of cast iron valves with steel valves throughout the power plant. The Columbia Piping Corporation of Boston, Mass. are the general contractors on this project.

These tubes were replaced in these boilers: Rows 5,6,7,8,9, and 10 in boilers nos. 1,2, and 4. The work was performed by C-W Boiler Mfg. & Repair Company of Holliston, Mass. The work was done on a repair & renewal project which is part of a preventive maintenance program, the objective being to obtain a maximum of continuous boiler performance.

Six bagged tubes were repaired in right hand water wall of Erie City boiler.

A system of prescribed chemical treatment for boiler feed water was started in September 1957. This treatment is under the direction of National Aluminate Corporation, Chicago, Illinois.

The top 13 courses of chimney were rebuilt and new lighting arrester band installed by W. E. Smith Company Incorporated, Boston, Mass.

Plumbing & Steamfittings

A renovation of plumbing system was started at B. Bldg. This is a contractual project and is under the direction of Puleo Company, Boston, Mass.



Installed water, waste, steam and return lines for service to new serving counter and coffee urn at I Cafeteria.

Replaced defective hot water boilers at these locations: H basement, N. Basement, Laundry, and Male Home basement.

Installed a lavatory in nurses office at A Bldg.

Replaced a leaky section of 6 inch underground steam pipe near West Kitchen. Also replaced a section of 3 inch underground steam line near J building.

Replaced and lubricated all expansion joints on 12 inch and 4 inch steam lines between power plant and D building.

Replaced 4 inch steam supply and 2 inch steam condensate pipe between manhole and West Kitchen basement.

#### Electrical Work

A new section of poles is being installed between power plant and laboratory at West side. This section will replace some poles located in bog land at West side. The new poles are being installed by Kenworthy & Taylor Company of Everett, Mass. This work is part of project M-707.

Replaced 3 defective underground 2,300 volt feeders between pole and transformer vault at West Kitchen.

Installed conduit, wiring and outlets for toasters at B1, 2, 3, and 4 and H1, 2, 3, and 4.

Replaced incandescent lamps with flourescent fixtures as follows: Basement and first floor offices at Administration Bldg.; shop area at Carpenter shop, serving area near counters at East Cafeteria.



<u>#</u>	<u>Date</u>	<u>Place</u>	<u>Damage</u>	<u>Cause</u>	<u>Cost</u>
1	July 1	I	Mattress Cover	Careless disposal of cigarette	10.00
2	Aug. 5	K	Trash Can	Careless disposal of cigarette	no damage
3	13	I yard	Window casement	Careless disposal of cigarette	5.00
4	Oct. 22	H5	Mattress Cover and 2 sheets	Careless Smoking	12.00
5	Dec. 5	Staff Dining Room Pantry	Obsolete Frozen Motor	Turned on by new Employee	no damage
6	Dec. 6	I 3	Pair Pants Sneakers	Careless disposal of cigarette	15.00
7	Dec. 18	R 4	Pillow Case	Set by Pt. in seclusion who obtained smoke from another Pt.	1.00
8	Dec. 31	N. Emp.	Trash Can	Careless emptying of cigarettes from ash tray	no damage
9	Jan. 7	K	One Shirt and one necktie	Set by envious patient	2.00
10	Jan. 10	A	Piano keys scorched	Pt. in individual therapy lays lighted cig. down	no damage
11	Feb. 3	Male Emp.	Easy Chair	Visitor drunk Careless disposal of cigarette	40.00 (Paid by Employee)
12	Feb. 5	G	Trash behind radiator	Careless disposal of cigarette	no damage
13	Mar. 12	I 3	Mattress	Careless smoking	10.00
14	" 13	I 4	Bedding	" "	10.00
15	" 15	I 4	Settee cushion	" "	10.00
16	April 5	Rec. 5	Window-plaster patient clothing	Careless disposal of cigarette	300.00



<u>#</u>	<u>Date</u>	<u>Place</u>	<u>Damage</u>	<u>Cause</u>	<u>Cost</u>
17	May 14	L 2	Mattress	Set by patient	25.00
18	" 21	N	Chair cushion	Careless disposal of cigarette	2.00
19	" 28	Rec 6	Magazines	Careless disposal of cigarette	no damage



# BOSTON STATE HOSPITAL

## Fires - A 5 Year Study

	No. Of Fires	Large Fires	
1958	19	One fire \$300 loss in Rec. Clothing Room	Careless Disposal of cigarette
1957	18	One fire \$2,300 loss in deep fry room of kitchen	Accident
		One fire \$1,000 loss in G Bldg. to Electric box	Arson
1956	6	One fire with a loss of \$100 in the laundry	Lint in dryer left on
1955	12	No loss in a fire over \$35.	
1954	7	No loss in a fire over \$50.	



BOSTON STATE HOSPITAL

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Worn Out Items and Destruction - A 5 Year Study

<u>Beddings and Linens</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
Mattresses	924		682	755	630
Blankets	1073	1199	533	809	349
Strong Blankets	99	15	0	14	57
Sheets	3524	4077	2698	2428	1295
Pillow Cases	1023	1554	1118	828	895
Bedspreads	1301	1523	957	531	502
Towels, bath	1664	1709	864	808	782

Patient Clothing

Shirts	2967	2103	1794	2330	2984
Trousers	3325	2227	1458	1307	2654
Underwear Mens			873	1188	2005
Dresses	5673	4150	3301	4213	3839
Dresses Strong	3391	3382	1730	1561	479
Underwear Womens	1627		739	847	862
Bedgowns	1627	1932	1458	2185	2640
Bathrobes	970	1259	584	824	748

Window Panes broken and replaced.

9018      8911      11,383      8744      9048

Furniture Broken and repaired.

2352      2431      1340      1784      1574



TREASURER'S DIVISION - Samuel J. Carchidi, Treasurer

Samuel J. Carchidi took over the duties of Treasurer at Boston State Hospital on September 16, 1958. From the time the previous Treasurer, Mrs. Ellen B. Houde, transferred to Lemuel Shattuck Hospital on June 23, 1957 to the time Mr. Carchidi assumed the responsibilities of the office, the duties were performed by the Assistant Treasurer Miss Dorothea Preston.

Certain functions of the Treasurer's Office and the Steward's Office have been combined and the exchange of personnel from the two offices during peak work periods is being put in practice. This is in line with current trend to eliminate as much as possible any duplication of effort in the Business Offices.

During the month of October, 1957 a number of payroll checks were found to be missing. The State Police were notified and an audit proved the shortage to be \$850.27. A clerk in the Treasurer's Office admitted stealing the checks and cashing them. Trial was held in December and the individual involved was put on probation pending restitution. To date \$443.82 has been paid back.

To accomodate the arrival of payroll machines the Treasurer's Office expanded to include what used to be the Personnel Office. In this new space was put the Patients' Property desk plus the desks belonging to three other clerks in the office.

Starting with the May, 1958 payroll, the Burroughs Sensimatic Payroll Machines were put into operation. The transition period was a trying one with the necessity of making out new cards for each employer in order to accomodate the new system. The incidence of breakdown was high during the first month, adding to the problems of putting a new system into operation. Since then, steady progress has been made so that the machine and system are now running quite smoothly and the machines have proven themselves



a valuable asset to the office.



## CANTEEN DEPARTMENT

On Oct. 15, 1957 a second canteen was opened in the lobby of the D Bldg. Its accessibility and service of sandwiches and coffee made it an instant success. The constant clamor among patients and employees is the canteen is "never open". Each operate 5 - eight days minus any vacation or illness of the employee. The schedule is so adjusted that one is open every day of the week. It would be greatly appreciated if both could be open every day. This would not be profitable on a business basis. The net operating profit is not enough in either facility to pay for the salary of the operator (his salary appears in another item of the budget under State fiscal methods). However, if restrictive practices were removed and sales promotion allowable the demand for a good canteen exists that could be profitable.

As it is both make a "profit" that is much appreciated in support of the patient and employee recreation program. About \$7 - \$8000 is spent for this purpose each year.

### Net Operating Profit

Canteen #1	2687.91
Canteen #2 (Oct. 15, 57 - to June 30th)	2473.84
Vending Machines	<u>3436.17</u>
	\$8,597.92



AUDITORS REPORT ( FOR THE PERIOD MARCH 21, 1957 TO NOV. 14, 1957)

Comments upon the report on the examination of accounts of the Boston State Hospital for the period of March 21, 1957 to November 14, 1957.

1. Shortage in Payroll Bank Account. Twelve payroll checks were taken by a temporary clerk in the Institution's Treasurer's Office. When a shortage of \$850.27 was discovered, State Police were called. On December 3, 1957, the employee was ordered to make restitution prior to the date of the trial set for June 6, 1958. Check processing procedure has been revised to make action by a dishonest employee more difficult.
2. Payments to Consultants. Steps have been taken to recover one duplicate payment made to a consultant.
3. Playground Fund. The auditor noted a balance in this account as of November 14, 1957, of \$18,421.80. Since that time 90% of the contract to construct an outdoor recreation area has been completed and the bills have been passed for payment. When the playground is completed it will utilize all of the funds on deposit.
4. Operating Room Supplies. While our Operating Room maintained a list of all surgical instruments, it was stated this was inadequate for inventory purposes. Steps have been taken to institute a proper card index on all surgical instruments and equipment.
5. Unpaid Check Fund. It was stated that payment must be stopped three months after the date of issue of a payroll check not claimed, and that the money not paid to the employee be



sent to the State Treasury. These recommendations have been complied with. There are no unpaid payroll checks over three months old.

6. Patients' Fund. Recommendations made included replacement of worn out patient fund cards, removal of deceased and discharged patients' cards from the active file and that greater attention be paid to cards of deceased and discharged patients more than 7 years old. Six checks were noted, among patients' personal effects, on which the hospital was unable to procure personal endorsement due to the patients' mental condition.

Worn out cards have not been replaced because they carry the patient's signature on the original copy. The hospital has on order new filing equipment that will solve this problem. Deceased and discharged patients' cards, in the active file, are removed annually at the end of the fiscal year. Patients' assets are held for 7 years as required. There are no cards in our active file more than 7 years old.

Concerning the six checks that patients refused to endorse, we have written the Salvation Army and the Benevolent Society relative to three checks bearing the date 1951. The Salvation Army advises us that they cancelled their check six years ago and will not re-issue it. We have asked to be made substitute payee on the two checks issued by the Benevolent Society and as yet have not heard from them. Two checks from the Treasury of the United States for \$110.00 each have to be held for 7 years and then be sent to the Department as provided in patients' unclaimed fund rules.



The last check for \$37.26 belongs to a patient who is still on census and this information has been sent to the Department in accordance with Bulletin 53-B154.



ANNUAL REPORT OF THE CATHOLIC CHAPLAINS' ACTIVITIES -

Rev. John F. Lawlor  
Rev. Thomas J. McCabe

It is with a great deal of joy and expectation that his year's annual report is submitted. It flows from the fact that a new Catholic Chapel is now under construction here at the Hospital. In a few months the Chapel will be dedicated and available for Catholic religious services and devotions. The Chapel and the use thereof on the part of the patients, personnel and visitors should aid greatly in the continued therapeutic progress of the Boston State Hospital. The cost of the construction of the Chapel will be about \$200,000 and will accommodate 500 persons. In an auxiliary and complementary manner the use of the Chapel by the patients should prove to be a constant and evident aid in their recovery and rehabilitation.

This new modern Chapel of Colonial architectural design will replace the East Auditorium and West Chapel in the Nurses' Home for Catholic Religious Services. In the new beautiful House of God the spiritual morale of the patients will be strengthened and uplifted. More meaningful and articulate should become the religious faith and spirit of the patients. For the Chapel both in a silent and vocal manner will say that God does care - God can help - God will help in the individual's anxieties, perplexities and emotional crises.

In addition there will be an office and living quarters for the two Catholic Chaplains. Such facilities will enable them to be of greater service to the patients and personnel here at the Hospital.



Number of Catholic patients admitted . . . . .	1116
Number of deaths of Catholic patients . . . . .	182
Number of patients receiving Last Rites . . . . .	317
Number of Confessions heard (approx.) . . . . .	6000
Number of Holy Communions distributed (Approx.) . . .	6500

The statistics above show an increase of 189 more Catholic patients admitted than in last year's report. The death rate in respect to Catholic patients remained just about the same.

### I Religious Services

On every Sunday, Holy Days of Obligation and on the First Fridays of every month two Masses were celebrated by the Chaplains. Mass was celebrated for the employees and student nurses in the West Chapel at 6:15 A.M. Mass for the patients was celebrated in the East Chapel at 8:30 A.M. During the past year the attendance of the patients fell off slightly. Two reasons seem to be the cause - the increased number of patients who leave for week-end visits and the limited number of personnel who work week-ends. Week-day Masses, especially during the season of Lent and Advent, are remarkably well attended.

Every Friday morning Confessions were heard on the East Side and every Saturday throughout the day Confessions were heard on the West Side. Patients found it easy to prepare for their confessions with these regular scheduled times. Whenever patients request the Chaplain to hear their confession during the week to ease their conscience, the priest is always available. Many such requests are granted during the week. During the seasons of Lent and Advent every Catholic patient in the Hospital is given the opportunity to go to Confession and, if adjudged capable, to receive Holy Communion.



Permission was obtained from His Excellency, Archbishop Cushing, to celebrate Mass in Buildings B - D - G - H - I - and Q. The privilege was requested during the holy seasons of Lent and Advent to offer Mass in the aforementioned buildings. Therein many of the patients are disturbed, senile, physically weak, or afflicted with tuberculosis. For their spiritual health and welfare the Chaplains bring the Church to them and celebrate Mass in their buildings. Once a month on First Fridays Holy Communion is given to the T.B. patients and to patients on the surgical wards.

Other religious services which Catholic parishoners have long cherished and loved were included in the spiritual care of the patients during the past twelve months, viz., Novena of Grace in honor of St. Francis Xavier, Blessing of Throats on the Feast of St. Blaise at Mass and on the many wards of the Hospital; Distribution of Ashes on Ash Wednesday throughout the wards; Conducting of the Stations of the Cross on Fridays during Lent and Distribution of Palms on Palm Sunday. In the Chapels both on the East and West Side there are set up Shrines in May and June for Mary, the Mother of God and the Sacred Heart of Jesus. Medals, rosaries, pamphlets, missals and other religious articles are given generously and gladly daily to the patients.

A new religious devotion, a Perpetual Novena to Our Lady of Hope, was inaugurated during the past year. Services of this Novena are conducted every Friday morning in conjunction with Mass and Rosary at 8 o'clock.

At any time, day or night, the Catholic Chaplain is always available for spiritual ministrations to the patients. During the past year 317 patients received the Last Rites of the Church.



Burial Services with a Requiem High Mass were conducted for patients who died without relatives.

## II Consultation With Patients

The Catholic Chaplain makes every effort to visit each new Catholic patient who is admitted to the Hospital. In a recent census of the religious affiliation of patients here at Boston State Hospital, the figures showed that about 2000 of the approximate 3,000 patients were of the Catholic Faith. In respect to the new patient, the Chaplain interviews, listens and counsels. He offers his assistance to the patient and explains the nature and purpose of the Hospital. The Chaplain places the accent on confidence and hope in the care and treatment the patient will receive. He attempts to create and engender within the patient a trust and faith in the psychiatrist.

In many instances the Chaplain acts as a liaison between the newly-admitted patient and the family. While the patient remains in the hospital the Chaplain visits him or her as often as he can. The Chaplain is present on the Hospital grounds throughout the day and is always, day or night, available to the patients and staff. Frequently, discharged patients return to see the Chaplain for consultation and advice.

## III Consultation With Relatives : With Employees

The work of the Catholic Chaplain is not restricted to the patients but also includes contact with the relatives of the patients. They are present at the Hospital during visiting hours to give relatives an opportunity for information and discussion. The relatives feel free to telephone the Chaplain at the Rectory or to call upon him personally. It has been a great source of comfort and consolation to the relatives to be informed about the high rating of the Hospital, the specialists on the Staff



and the outstanding care and treatment of the patients.

At the Boston State Hospital there are over a thousand employees, the majority of whom are Catholic in religion. On many and frequent occasions, the employees, be they attendants or secretaries, porters or nurses, bring their individual problems to the Chaplain for advice and enlightenment.

#### IV Educational Program

The Chaplains take part in the educational program of the hospital. Upon the arrival of the new class of student nurses, an opportunity is given to the Chaplains to clarify and to underline their role in the Nursing Service to the mentally ill. The necessary attributes of a nurse in a mental hospital are accentuated. On several occasions, the Chaplains spoke at Communion Breakfasts, informing the groups of the nature and purpose of the Boston State Hospital, the progress in the science of Psychiatry and the need for education about mental illness.

One of the highlights in this program of education has been the visitation of the Deacon Class and other seminarians from St. John's Seminary on a weekly basis every Thursday. Lectures conducted by Dr. Devine, Assistant Superintendent of the hospital, have provided the seminarians with knowledge and a new evaluation of Mental Illness. The patients enjoy their visits on the Wards.

#### V Community Contacts

For the past year, continued interest and activity on the part of the Chaplains have been directed towards sponsoring groups to visit the hospital. On a regular monthly basis, the following groups have visited the hospital: Marian Visitors of St. Joseph's Hyde Park and Marian Visitors of St. Angela's Mattapan. Volunteers from St. Andrew's Parish, Jamaica Plain and from Holy Name Parish,



West Roxbury, tendered special parties on a large scale as did a group from St. Agatha's Catholic Women's Club of Milton. Plans are being formulated to procure more volunteers from neighboring parishes who will be known as Marian Visitors. St. Andrew's Holy Name Society and Men's Club had representatives present on a monthly basis. Anent their visits, the aforementioned groups donated clothing, magazines, religious articles and refreshments. They have been assigned a regular area of the hospital and have become well acquainted with many of the patients.

Many other Volunteer Groups visit the patients on a periodic basis; groups from Emmanuel College, Catholic Guild for the Blind, St. Joseph's C.Y.O. Minstrel Show Cast.

From all indications, the Catholic Chaplains' role at the hospital is well established and clearly defined. We are sincerely grateful to the Superintendent of the Hospital, Dr. Barton, the Hospital Staff and the entire Personnel for their wonderful cooperation and mutual assistance, with the one object in view, the comfort and recovery of the patients. It has made our work pleasant and enabled us to be more effective in carrying out our duties and obligations to the patients of the Boston State Hospital.



# REPORT OF THE PROTESTANT CHAPLAIN - Rev. Judson D. Howard

<u>Services</u>	<u>Chaplains</u>	<u>Ass't Chaplains</u>	<u>Students</u>
Sundays	100-1100	2-164	
Communion	308		
Holy Days	6-255		
Communion	85		
Weekly Chapel Services	40-1320	22-467	
Communion	210	45	
Ward Services - Holy Week	3-45	3-90	
Communion	(45)	(75)	
Ward Services	7-133		
Hymn Singing - Ward	77-2002	30-360	165-1800
Services		(Attendance too)	
Funerals	2-30	7-95	
Morning Prayer			75-1650
(Students)			
Carol Singing	12-450		
Choir	32-438		
Primary Groups			150-1350
Religious Education			5-85
Totals:	Services, Meetings, Classes - 738	Attendance - 14,644	
	Communion - 764		

## Pastoral:

New Admissions	78	199	
Discharged before seen	10	10	
Danger List Calls	52	35	
Patient Interviews	110	125	1888
Patient Contacts	3182	533	2450
Personal Contacts and			
Interviews	948	95	180
Clergy, Contacts and			
Interviews	31	6	5
Relatives	9	4	3
Volunteers and Visitors	8-55		
Chaplains Staff	13		

## Teaching

Seminars for students	209	268
Student Interviews	165	180
Pastoral Care Staff	26	
Hospital Talks	5-130	
Talks outside Hospital	6-120	
Research Seminars	11	

## Hospital Activities

Conferences	10
Staff	5
Staff Presentation	2
Patient Activities	1-500

Professional Meetings	17
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The most significant changes in the Protestant Chaplaincy Program center around the increase of activities for Protestant patients in the hospital. The Reverend Bruce Noyes, Episcopal Chaplain from the Diocese of Massachusetts, has been appointed to this post this year as well as Mr. Horace Besecker, Director for Protestant Volunteers from the City Mission Society (Congregational). Due to their efforts many more activities have been possible. The student program has also increased somewhat over the year before as well as the research aspects. For example, during the winter and spring terms, patient groups were increased both of the ward hymn-singing variety and what I would call primary groups ie. affording emotional experience similar to that of the family. The courses in Interpersonal Relations and Pastoral Counseling during the winter and spring terms from Boston University and the summer program of the Institute of Pastoral Care have continued. Professor Paul E. Johnson, Professor Homer Jernigan, The Reverend Kenneth Reed, The Reverend William Finch have helped in the winter program. The Reverend Doctor Emil Hartl of the Haydn Goodwill Inn, Chaplain Lacy Standifer from Larne, Kansas, Chaplain Robert Dutton from the Norfolk Prison Colony, and The Reverend William Ramsden, Ph.D. candidate at Boston University have helped in the summer session. We are very grateful for the help of the personnel of the hospital, particularly to Dr. Devine, Dr. McCarthy, Dr. Sorrentino, Dr. Kayce, Dr. Cohen, and Dr. Kahn for their help in the training of our students.

The effect of the increase of the student training has been that more Protestant patients have received more personal attention, particularly in a group setting. Some research was begun this year relative to self-concepts that the patients and the students



have as well as the somatotyping of male patients on the West Service. This is only a beginning and it is hoped that very soon someone may be found to be in charge of research in the Protestant Chaplaincy Office, continuing that which is already begun and enlarging the perspective to include group activities.

Participation in professional activities this year has been continued. The Protestant Chaplain served as Convener of the Northeast Regional Meeting on Clinical Pastoral Training in New York in January, as a member of the National Advisory Committee on Clinical Pastoral Training and its biennial meeting in Plymouth, Mass. this June. He has been elected to serve as Chaplain Supervisor Representative on the Board of Governors of the Institute of Pastoral Care which involves serving on its accreditation committee and on its research committee. He has continued to participate in chaplaincy activities in the state and regional areas and has also served on the Pastoral Services Department of the National Council of Churches.

An additional regular weekly chapel service has been added on the East Side on Thursdays. Chaplain Noyes has begun a regular weekly service in the B Chapel on Thursdays as well. This increases the number of worship opportunities open to the patients. A dedicatory service for the new equipment in the Chapel was held at the end of December. This summer a new project, a religious education group was conducted by Chaplains Hawes and Bellwood and was under the supervision of our Protestant Chaplaincy Office and the Religious Education Department of Boston University. It is hoped that this project may grow and that money may be found for a Religious Education Director. It now appears that the



Reverend Robert Richardson may receive an appointment from the Unitarian Association and the Massachusetts Council of Churches and he will contribute four days a week to the Chaplaincy Program. We welcome these increases of interest by the community in our Protestant patients.

Interpersonal Relations I  
First Semester, 1957-58

B. U. School of Theology  
Professors Howard and Jernigan

Outline of Didactic Seminar

9/23/57	Theoretical Approaches	Judson D. Howard
9/30/57	Observations on Interpersonal Relations-	Homer L. Jernigan
10/7/57	Freud - Interpersonal Theory	Larry E. Beggs
10/14/57	Mead: Mind, Self and Society	Franklin E. Blanchard
	General Reading: Mead in Newcombe & Hartley, RSP	Max M. Munro
10/21/57	Sullivan: Interpersonal Theory of Psychiatry	Barry F. Cooke Robert J. Elliott
10/28/57	Lewin: Field Theory in Social Science; Resolving Social Conflict	James D. Hunt
11/4/57	Mowrer: Learning Theory and Personality Dynamics	Bruce A. Koerner
	General Reading: Introduction in Mowrer, LTPD	
11/18/57	Buber: I and Thou	Marvin D. Evers
	Kunkel: In Search of Maturity	Robert D. Richardson
	General Reading: Introduction in Herberg, WMB	
11/25/57	Erikson: Childhood and Society	Floyd E. Cronkite
	General Reading: Part I, Kluckhohn & Murray, PNSC	Ronald Hoffman
12/2/57	Sechehaye: Autobiography of Schizophrenic Girl; also Symbolic Realization	John R. Squire
12/9/57	Kelley: Psychology of Personal Constructs, Vol. I.	Robert L. French
12/16/57	Parsons: The Structure of Social Action	Bruce E. Foreman James E. McCobb
1/6/58	Mannheim: Ideology and Utopia	E. Bernice Moore
1/13/58	Williams: The Descent of the Dove	Mike Mouroulis



Outline of Seminar

- 2/10/58                      Early Group Theory                      Judson D. Howard  
Hare, Borgatta & Bales, Eds., Small Groups, Chap. 1
- 2/17/58                      Experiences in Groups                      Homer L. Jernigen
- 2/24/58                      Psychoanalytic Theory of Groups                      James D. Hunt  
Scheidlinger in Cartwright & Zander, Eds., Group Dynamics.  
Redl in Small Groups. Freud, S., Group Psychology and  
Analysis of the Ego.
- 3/3/58                      Functional Aspects of Groups                      Marvin D. Evers  
Functional Role of Group Members, p. 98; Growth of Groups,  
p. 105; How Large Should a Group Be., p. 132; in Benne &  
Muntyan, Eds., Human relations in Curriculum Change
- 3/10/58                      Group Change                      E. Bernice Moore  
Parts II & IV in Human Relations in Curriculum                      Richard R. Rowe  
Change. Chapter 22 in Group Dynamics.
- 3/17/58                      Group Therapy                      Floyd E. Cronkite  
Bach, Intensive Group Psychotherapy. Hinckley & Larry E. Beggs  
Hermann, Group Treatment in Psychotherapy. Bion  
"Experiences in Groups, I-VII", Human Relations, Vol. I-IV.  
Journal of Social Issues, Vol. VI, No. 1.
- 3/24/58                      Group Theory                      Barry F. Cooke  
Bales and Lewin in Small Groups. Bales in Group                      Max M. Murro  
Dynamics. Thelan in Human Relations in Curriculum Change.
- 4/7/58                      Leadership                      James E. McCobb  
Gibb in Small Groups (also Chapter 10). Part IV. Rober J. Elliott  
Groups Dynamics. Gibb in Lindzey, Handbook of Social  
Psychology, Vol. 2.
- 4/14/58                      Group Pressures                      Bruce A. Koerner  
Part III, Group Dynamics.                      Bruce E. Foreman
- 4/21/58                      Psychodrama and Sociometry                      Richard E. Tappan  
Moreno, J.L., Who Shall Survive and Psychodrama.
- 4/28/58                      Sociology of Mental Illness                      Robert D. Richardson  
Stanton and Schwartz, The Mental Hospital
- 5/5/58                      Games                      Robert L. French  
Piaget, Moral Judgment of the Child, Ch. 1. Riddle, Ronald Hoffman  
"Aggressive Behavior in a Small Social Group", Arch.  
Psychol., 1925, No. 78
- 5/12/58                      Cohesiveness  
Part II & Chapter 27 in Group Dynamics. P. 98 in Frank Blanchard  
Human Relations in Curriculum Change.                      Mike Mouroulis



SUMMER SCHOOL OF PASTORAL CARE  
Boston State Hospital  
Boston 24, Massachusetts

May 20, 1958

MEMORANDUM TO STUDENTS AND STAFF

The tenth annual program of clinical pastoral training at Boston State Hospital begins on Monday, June 2, 1958, for a twelve week period of full-time work. The program is sponsored by the Institute of Pastoral Care and the Boston University School of Theology, and is under the direction of the Protestant chaplain, the Rev. Judson D. Howard, PhD. Assisting in the program are:

Dutton, Robert L.	Congregational	Mass.	Chaplain, Norfolk Prison Colony
Hartl, Emil M.	Methodist	Mass.	Director, Haydn Goodwill Inn
Ramsden, William	Methodist	Mass.	PhD Candidate, BU School of Theology
Standifer, Lacy C.	Methodist	Kansas	Chaplain, Larned State Hospital

Professor Robert C. Leslie of the Pacific School of Religion, formerly Protestant chaplain of this hospital, will lecture during the middle six weeks. The following are enrolled as students:

Ball, John T.	Methodist	Mass.	Student, BU School of Theology
Beggs, Edward L.	Congregational	Calif.	Student, BU School of Theology
Bellwood, Lester R.	Methodist	Iowa	Prof., Gammon Theol Seminary
Berg, Paul L.	Episcopal	Minn.	Student, Episcopal School of Theology
Cobden, Edward A.M.	Episcopal	Mass.	Student, Episcopal School of Theology
Connor, Walter N.J.	Methodist	Mass.	Ass. Pastor Dorr Memorial (Seagus)



Crook, Clifford	Episcopal	Ohio	Student, Episcopal Theological School
Donnenwirth, Richard	Methodist	Mass.	Student, BU School of Theology
Dostourian, Ara	Armenian Orthodox	N.Y.	Student, Episcopal Theological School
Dunbar, Donald M.	Episcopal	Mass.	Student, Episcopal Theological School
Ferguson, Lawrence C.	Episcopal	Mass.	Student, Episcopal Theological School
File, Edgar F.	United Church of Canada	Canada	Student, BU School of Theology
Fitzgerald, C. George	Presbyterian	Calif.	Student, Princeton Seminary
Fukui, Henry N.	Episcopal	Mich.	Student, Episcopal Theological School
Frampton, Kenneth J.	Anglican	Canada	Ass. Curate, Church of the Redeemer, (Toronto)
Hawes, Robert T.	Methodist	Wyom.	Student, BU School of Theology
James, Robert A.	Baptist	Ill.	Student, Gordon Divinity School
Kaiser, Bydus F.	Methodist	Ill.	Pastor, Lawrence Memor. Methodist (Pepperell)
Megredy, Margaret	Community Church	Calif.	Student, BU School of Theology
Mawhinney, William R.	Episcopal	Mass.	Student, Episcopal Theological School
Noyes, Bruce B.	Episcopal	Mass.	Rector, Church of the Epiphany, Dorchester
Romer, William M.	Episcopal	N. Y.	Student, Episcopal Theological School
Smith, Philip A.	Unitarian	Mass.	Pastor, Second Parish (Marlboro)
Stewart, Vaughn E.	Methodist	Ver.	Student, BU School of Theology
Van Duyne, Homer J.	Episcopal	Mass.	Student, Episcopal Theological School
Waller, Clifford, S.	Episcopal	Mass.	Student, Episcopal Theological School



JEWISH CHAPLAIN - Rabbi Abraham Koolyk

No report was received this year.

The Rabbi has observed the Sabbath with a service each week.

The holy days were also appropriately observed.

The high point of the year was the observance of the Passover - attended by 150 patients and guests.

The Community Friends of the Boston State Hospital were active each week and on all holy days to assist the Rabbi and to serve Jewish patients.



THE WOMEN'S AUXILIARY - Mrs. Marian M. Parker, President

During the year 1957-1958 the Women's Auxiliary engaged in the following projects.

1. On September 4, 1957, Honor Day was held at the hospital. Eight checks of \$5.00 each were presented to the "Aides-of-the-year."

2. Two tables @ \$29.89 each were presented to Reception Day Hall.

3. An R.C.A. Television set @ \$168.97 was presented to B. Building.

4. Two framed pictures and new draperies at a cost of \$79.80 were presented to the Student Nurses' Home.

5. \$155.06 was spent on recreational and laundry equipment. This equipment included a phonograph and records, bowling alley, dart boards, puzzles, games, soft balls and bats, 3 electric irons, 3 ironing boards and pads, and 3 clothes dryers.

6. Eight patients took advantage of our shopping service. The chairman reported that six of the requisitions were carried to completion.

7. A total of \$20.83 was spent on supplies for the Gift Cart. This falls far short of the amount that would have been spent if the Cart had operated regularly and successfully.

8. A very successful Christmas Party was held on December 21 for the patients in Q Building. Music was furnished by Mr. Harry Griffith, accordionist, and Mrs. Anna LeVoy, pianist. Student nurses assisted the committee in distributing gifts and serving refreshments. Donations amounting to \$153.00 was received. After expenses there was a profit of \$38.46, which covered the greater part of the \$50 which is given to the Family Care patients each Christmas.



9. The Tenth Annual Easter Hat and Style Show was held on Wednesday, April 2. Sixteen models were selected and trained by Miss Anita Bowling of the Occupational Therapy Department and Miss Merle Rickson of the Physio-Therapy Department. A total of \$104.44 was spent on refreshments, clothing, stamps, and Florist's supplies. (This has come to be an outstanding event in the year for women patients. It is a "Standing Room Only" event with hundreds excluded because of lack of room.)

10. Four medals were donated to the Nursing Department to be given to the outstanding student nurse in each affiliating class.

11. The fund raising project for the year was a card party on April 30 with Mrs. David Blau serving as chairman. \$375.12 was cleared at the party. Other money during the year was received from membership dues and from the picnic held in September, which showed a profit of \$40.29.

The year 1957-1958 has been a good one but there have been disappointments. Too much of the load has fallen on a faithful few. We do not have enough active, interested members. With approximately 125 names on the Membership List, attendance at meetings has been poor, in spite of written notices sent out in advance. Collection of dues has been a chore and the response even to second notices has been poor.



B.S.H. WOMEN'S AUXILIARY \*\* OFFICERS 1958-1959

President----Mrs. William McCarthy  
Vice-president---Mrs. Douglas B. Stratton  
Recording Secretary---Miss Helen O'Brien  
Corresponding Secretary---Mrs. Michael Waldron  
Treasurer-----Mrs. Emile Fredey  
Assistant treasurer---Mrs. Avery Cook  
Social Chairman---Mrs. Walter E. Barton  
Shopping Chairman---Mrs. John H. Coughlin  
Hospitality Chairman---Mrs. John Arsenian  
Publicity Chairman----Mrs. James B. Kludt  
Membership Chairman----Mrs. W. P. Parker  
Asst. Mem. Chr. West Side---Miss Gina Crugnola  
Asst. Mem. Chr. East Side---Mrs. Anna LeVoy



COMMUNITY FRIENDS TO BOSTON STATE HOSPITAL - Esther A. Bloom  
President

We are now in our 7th year as an organization that has grown from a mere handful of women to a very large group of enthusiastic workers.

During these past years we have made weekly visits under the spiritual leadership of Rabbi Abraham Koolyk, the chaplain, and have tried in many ways to help the patients.

We bring clothing, records, books, and magazines. We have installed televisions, and have furnished a lounge room in I Building. We bring the Jewish patients food every week, and make Ward visitations with pastries and sweets. On every Holiday, we observe the occasion with special parties and gatherings to make the patient feel the warmth of home. We also have two annual picnics a year where we furnish recreation for patients away from the hospital.

Our organization has co-operated with other organizations in their projects. For our future we are considering undertaking a large project for the benefit of many patients, as soon as possible.



BOSTON STATE HOSPITAL LEAGUE - Paul F. Morse, President

On May 19, 1955, seventy-five friends of Boston State Hospital met in East Side Auditorium to hear Archbishop Richard J. Cushing; Jack R. Ewalt, M.D., commissioner of Mental Health; and Walter E. Barton, M.D., superintendent of Boston State Hospital.

His Excellency suggested that his audience form a non-sectarian organization of relatives and friends of patients. He promised that if its members raised \$10,000 or more, he would contribute \$10,000. The speakers all proposed that the first fund-raising effort be for a badly needed outdoor recreation area.

Gerard E. Hayes, vice-president of National Shawmut Bank of Boston, served as League president the first year.

On the first anniversary of its founding, twenty thousand persons attended the Monte Carlo Carnival presented by Boston State Hospital League. More donated merchandise decked Boston State's grounds than was ever before assembled in New England on behalf of any community endeavor.

Industrialists, retailers, union members, and restaurateurs stocked twenty booths. Three hundred volunteers manned them.

League members raised more money through Monte Carlo Carnival than any organization ever raised for a state institution. That Carnival weekend was responsible for the outdoor recreation facilities your relatives and friends at Boston State Hospital now enjoy.

The League has a double purpose: education and raising money.



Boston State Hospital League encourages members to adopt new attitudes toward mental illness. Members strive for a matter-of-fact feeling about it. They work to have their neighbors think of emotional disturbance in the same way as a physical disability. League members lead the community in ending the so-called "stigma" attached to mental illness.

The 250-member League hopes to expand one phase of its work: Public Education. To do this Boston State Hospital League must increase and become a powerful factor in promoting enlightened legislation for the cause of mental health.

Its first concern is the welfare of Boston State Hospital patients, but the League eventually hopes to make its influence felt on a state-wide basis. This is a distant goal.

Activity of the League for the 1957-1958 season consisted of futile attempts at recruiting more members from relatives of patients at Boston State Hospital. Meetings were held, programs of educational films etc. on mental health were very ably arranged, but we were still plagued by a woeful lack of attendance at our meetings.

It was voted to have a fund raising event which turned out to be the Festival of Fun. Various organizations, unions, American Legion, etc. were invited to cooperate with the league, and the affair was put on in May. Net result was a good return of money. Approximately \$10,000 was realized, this to be apportioned to various projects which we deem necessary for the comfort of the patients. To date we have allotted \$200.00 for equipment at the recreational area. This seemed necessary as it was reported to me that the equipment provided was pretty scanty.



The above mentioned program would seem like a very good year's work, but in counting the cost to the League we are beginning to wonder if a large affair such as the Festival of Fun doesn't tax the membership of the League too much. The original affair, the Monte Carlo fund raiser was managed by a small but very capable group of people, but they all said that there was a terrific amount of work involved, and most of them have retired since from League activities. Therefore, it would seem that it might be the course of wisdom in nursing along the League in it's infant stages that smaller projects might be considered. Something that would not demand so much from League members who are on the whole quite busy people in their business and home life.

The League is still looking for new members, who will take an active part by attending meetings. At the present time we do not envisage another large fund raiser like the Festival of Fun, unless there is a big upsurge of members who are willing to actively support the League.



CHILD GUIDANCE CLINIC ASSOCIATION - Eli M. Levatinsky, Chairman

The first meeting of a group of interested citizens from wards 14 - 15 - 16 - 17 - 18 - 19 and 20 of Boston was held Dec. 12, 1956 to explore interest in a Community Child Guidance Consultation Clinic. The Division of Mental Hygiene of the Dept. of Mental Health was most generous with their help during the year. Dr. Blume and Mr. Hallock and others worked very hard to develop the interest of a truly representative citizens group in the neighborhood surrounding the hospital principally in Dorchester. The executive committee of Messer. Levatinsky, Chairman, Anthony Farrin, Vice Chairman, Jonas Kaplan, Secretary, and Fr. Hayden met monthly during the year. Now that a sound basis has been constructed it is anticipated that in the fall the organization can grow in strength to the point it can support a clinic that is much needed.

The following committee is now at work preparing an agenda for the fall mass meeting and to select a slate of officers and members of a constitution and bylaws committee and also a membership committee.

Rev. Jerome Hayden - All Saints (Episcopal)  
209 Ashmont Street, Dorchester  
liaison between Steering Committee and Program Committee

Mr. Paul Kaufman, Ass't Director, Faulkner Hospital  
7 Outlook Road  
Mattapan 26,

Miss Nina Prishva, Head District Director of Family Service  
22 Vinson Street  
Geneva 6-6210

Mr. Lawrence Woodbury, Exec. Director, Denison House  
25 Howard Avenue  
Dorchester 25,



Mr. Edward Sidman, Exec. Director, Hecht House  
160 American Legion Highway  
CO 5-4665

Rabbi Abraham Koolyk, Congregation Beth El, Chaplain B.S.H  
6 Bradshaw Street & 94 Fowler Street  
Dorchester, GE 6-4296

Representative of Catholic Charitable Bureau to be suggested  
by Father Dewey

ex officio;

Miss Lena DiCiccio, secretary, Mental Health Committee, U.C.S.  
14 Somerset Street  
R1 2-2010

Dr. George Kahn, Boston City Health Dept.

Dr. Blume, Div. of Mental Hygiene, 15 Ashburton Place, Boston

Mr. Hallock, Div. of Mental Hygiene, 15 Ashburton Place, Boston



DISTINGUISHED VISITORS  
1957-1958

<u>Date</u>	<u>Name</u>	<u>Residence</u>
Aug. 16	Walter B. Seeleye, M.D.	Council of Medical Education, American Medical Association, Chicago, Illinois.
Aug. 21	D. Calder Moir, M.D.	St. Andrew, Scotland
Oct. 10	Mrs. Ruth I. Knee	National Institute of Mental Health, Bethesda, Maryland.
Oct. 10	Francis C. Beck, M.D.	New York City, New York
Oct. 25	Kurt Amark, M.D.	Stockholm, Sweden.
Oct. 25	Eric Brohnsom, M.D.	Stockholm, Sweden.
Dec. 4	Mr. Harvey Pothier ) Mr. Ernest A. Johnson ) Mr. D. Joseph Burke )	House Ways and Means Committee
Mar. 4	Mr. John L. Gallant ) Mr. George Rushton ) Mr. Gerald W. Blakeley )	Deputy Building Commission
Apr. 2	Dean A. Clark, M.D.	Mass. General Hospital, Boston
April 2	R. J. Marcotte, M.D.	Mount Auburn Hospital, Cambridge
May 29	Masaaki Kato, M.D.	Nation Institute of Mental Health Japan
June 12	P. Yap, M.D.	University of Hong Kong, China



## FINANCIAL REPORT

1

.....  
 (Name of Institution)

1958.....

To the Department of Mental Health:

I respectfully submit the following report of the finances of this institution for the fiscal year ending June 30, 19.....

## STATEMENT OF EARNINGS

## Board of Patients:—

Private.....

Cities and Towns.....

Collection by Department of Mental Health

Bridge Clinic Fees

## Personal Services:—

Labor of Employees.....

Reimbursements from Board of Retirement.....

## Sales and Rents:—

Food.....

Clothing and Materials.....

Housekeeping Supplies.....

Laboratory and Medical.....

Heat and other Plant Operations.....

Farm and Grounds.....

Automotive.....

Advertising and Printing.....

Repairs.....

Special Supplies.....

Office and Administrative.....

Equipment.....

Special Outlay.....

Junk.....

Meals - Employees.....

Rents.....

Other.....

Total Rents.....

Total Sales and Rents

## Miscellaneous:—

Interest on bank balances.....

Balance previous years.....

Citizens Fund.....

Drug Survey.....

Payroll Checks.....

Total Miscellaneous

Total Cash receipts reverting and transferred to the State Treasurer.....

Total Earnings for year (page 9, Inst. Income).....

Accounts Receivable outstanding July 1, 1958.....

Accounts Receivable outstanding June 30, 1958.....

Accounts Receivable increased.....

(If decreased, show in red ink)

Suspended accounts receivable.....

\$ 285,366.34

\$ 58,017.55

\$ 3,502.28

\$ 347,066.14

\$ 636.07

\$ 10.00

\$ 893.75

\$ 1539.84

\$ 40,000.00

\$ 17,350.00

\$ 2,596.96

\$ 42,792.28

\$ 2,200.00

\$ 4,381.19

\$ 22.00

\$ 15.00

\$ 121.14

\$ 6,860.42

\$ 417,012.68

\$ 417,012.68

417,588.20

\$ 26.57

\$ 3.09

\$ 23.48

\$ 3.09



## MAINTENANCE APPROPRIATION

Appropriation, current year	1958	\$ 5,194,506.00	
-----		-----	
-----		-----	
-----		-----	
Total			\$ 5,194,506.00
EXPENDITURES AS FOLLOWS:			
01. Salaries, Permanent		\$ 3,540,384.85	
02. Salaries, Other		92,629.84	
03. Services — Non-employees		91,872.80	
04. Food For Persons		647,127.28	
05. Clothing		68,992.24	
06. Housekeeping Supplies and Expenses		69,964.59	
07. Laboratory, Medical, and General Care		139,943.75	
08. Heat and Other Plant Operation		290,609.67	
09. Farm and Grounds		4,947.99	
10. Travel and Automotive Expenses		4,650.00	
11. Advertising and Printing		3,250.00	
12. Repairs, Alterations and Additions		87,999.45	
13. Special Supplies and Expenses		1,497.45	
14. Office and Administrative Expenses		18,215.54	
15. Equipment		37,811.07	
16. Rentals		456.65	
18. Special Outlay			
-----		-----	
-----		-----	
-----		-----	
Total Maintenance Expenditures			\$ 5,100,352.47
			94,253.53
Balance of Maintenance Appropriation, June 30, 19			5,194,506.00
-----		-----	\$ -----







# PER CAPITA

During the year the average number of patients has been

..... 2921 .....

Total cost of maintenance

\$ 1,194,604.00

Equal to a weekly per capita cost of (52 weeks to year)

\$ 40.18

Total receipts for the year

\$ 417,611.68

Equal to a weekly per capita of

\$ 7.99

Total net cost of Maintenance for year  
(Total Maintenance less total receipts)

\$ 4,776,796.32

Net weekly per capita

\$ 12.56

Respectfully submitted,

*Samuel J. Carchidi*  
Treasurer

## C O P Y

Financial Statement Verified  
(Under Requirements of C.7, S19 GL)

Date October 29, 1958  
By Joseph T. O'Shea  
For the Comptroller

Approved for Publishing

Frederick J. Sheehan  
Comptroller

RECEIVED  
OCT 30 1958